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EDITORIAL COMMENT

GOOD WILL TO MEN

We think of it once a year, when the Christmas bells are pealing it forth and when the Christmas greens are refreshing our eyes. It is easy at this season to do little extra kindnesses, to overlook human frailties, to pull with our fellow workers instead of opposing them, to remember goodness and mercy in caring for our patients. Wouldn't it be a changed world if this same spirit could be carried through the year?

The nursing profession has had so many obstacles to overcome, so many righteous battles to fight, so many standards to uphold, that we are in danger of doing all our work in a pugilistic spirit, and that is not the spirit that succeeds. We forget, sometimes, that doctors, boards of managers, social workers, friends and families of our patients, are really working for the same ends that we have in view: the care of those who are ill, prevention of illness, education in right living. If the hospital superintendent would come nearer to her students, her board, and her medical staff; if the public health nurse would enter each home with a real desire to help, as well as to advise; if the private duty nurse would make the needs of her patient her first and greatest concern, the public would begin to change its attitude toward us. We have too often been antagonistic to everyone who did not agree with us, and we are seeing a reflection of this in the attitude which is now taken by many lay people toward the trained nurse. It is not enough to fancy ourselves of value,—we must really meet a human need.

Let us try to make the Christmas spirit our own, let us make Good Will to Men, the spirit of our work.

MISFACED MEASURES FOR MEETING THE SHORTAGE OF NURSES

Ever since the days of Florence Nightingale, when for the first time standards for the training of nurses were established, there have been groups of people opposed to those standards. Our efforts for

providing the best preparation of nurses for their work have had the support of the most enlightened and progressive men and women, medical and lay. Undoubtedly this portion of the community will always be with us. Opposed to us, always, are those who seek to pull down our standards from one of three reasons: ignorance as to what those standards are; professional jealousy on the part of the poorly prepared or narrow minded medical men; and commercialism. If we are sure we are dealing with those who are ignorant, it pays to try to enlighten them, the other two classes are probably hopeless and will never change their attitude.

The thing that is needed, whenever opposition arises, is that nurses themselves should think clearly, should answer honest criticism carefully and calmly, and that they should hold fast to their ideals, undiscouraged.

In Delaware, at a recent meeting of the State Medical Association there was discussion regarding the shortage of nurses and resolutions were adopted recommending short courses of training for public health nurses, the removal of registered nurses from the public health field in large part, the establishment of a two-year minimum course of training for nurses, and the establishment of courses for attendants. In the newspaper comments on this action, doctors were quoted as objecting to the Standard Curriculum and to the inclusion of the subject of Bacteriology in a nurse's training. If these men are willing to discuss the matter fairly, it will be easy to explain to them that only an elementary course in bacteriology is given as part of the nurse's training and that those who later specialize in the subject, take post-graduate courses as a special preparation. As to the Standard Curriculum, it is not put out by the American Nurses' Association, as seems to be the idea of the Delaware medical men, but is a publication of the National League of Nursing Education, expressing an ideal,—the most that can be expected from the schools of highest standing.

At a recent meeting of the Delaware State Nurses' Association, Miss Moran, the president, expressed the opinion of the members on these points as follows:

The proposed course for public health nurses would be a menace, for while these women could carry out a few of the technical orders, their limited education in nursing would not fit them to go into the homes and detect the conditions which should be reported to the physician and the health authorities. They could be very useful as public health assistants but could not be expected to be of educational value in the cause of disease prevention.

Instead of being over-trained the vast majority of the nurses here would be materially benefited by more training. If the Medical Society feels that these nurses are over-trained, at least the general public has not so found it. The type

of young women who felt the training was excessive and for this reason were deterred from entering our hospitals, are not desired in the profession, for serious cases could not be trusted to their judgment.

If the training schools of Delaware lower their standards, the hospitals will very soon have no students, as educated young women will go to other states, rather than train in a state with standards so low they could not be registered in other states by reciprocity.

At the last session of the legislature, the State Nurses' Association tried to pass a bill to license practical nurses or attendants, as they should be called, and to reduce the minimum time of training in a general hospital to two years; not that they believe a nurse can be properly trained in two years, but to allow credits for pre-nursing courses and to college women, and to enable women who graduated outside of Delaware several years ago and took a two-year general course which was later improved by special courses, to register in this state, also to reduce the minimum educational requirements from full high school education to one year high school or its equivalent. This was opposed by the Medical Society at that time. Evidently they see their mistake, as they now include these conditions in their resolutions.

A law which provides for a minimum time of two years, for the training of nurses in general hospitals, takes care of the special groups of nurses enumerated by Miss Moran, but for the majority of students, who have had no college or pre-nursing courses, three years are none too long in which to prepare them to meet the demands put upon all nurses after they graduate. A two-year minimum in a state law means the least that will be accepted, not the goal to be desired.

Nurses as well as doctors feel the need of a class of trained attendants, as was evidenced by the action of the American Nurses' Association at Cleveland, in 1918, when the establishment of such courses was endorsed. In order to safeguard this training, all who care for the sick, nurses and attendants, should be licensed and classified, and the courses of study for both should be outlined and regulated by state law. If this is done, there should be no confusion between them such as will arise if two groups of nurses are created.

For this reason we believe the Wisconsin League of Nursing Education is mistaken in its proposed plan to grant the degree of R.N., after 1924, only to nurses whose preliminary education is a full high school course or its equivalent, providing, at the same time, for the training of nurses whose preliminary education has been less thorough, calling them graduate nurses, but not allowing them to become registered nurses until they shall make up the required number of points representing a full high school course. If such a law is passed, there will be created two classes of nurses, one eligible for registration and one not. Those who are not eligible, will be barred from membership in their alumnae, district, state, and national associations, as all these have registration as a requirement. No one

should be trained and graduated as a nurse who will not be given a place in her profession after graduation.

A PARABLE

Suppose we lived in mediæval times, when there were dragons to fight. Suppose a den of these creatures was located near our town and we were in constant danger from their attacks. Suppose our best weapons were bows and arrows, and we had a band of skilled archers whose duty it was to patrol the land and to maim or kill as many of the monsters as possible, so as to keep down and, if possible, exterminate them. Suppose each citizen were asked at one period of the year to make or purchase arrows for the use of these bands,—do you suppose they would be willing to do so? Would you, if you had lived in that day and under those conditions?

This is the time of year when each of us is asked to buy Christmas seals. We may, if we like, consider each seal as an arrow to be used to fight a common foe. Need we carry the comparison further? Who will furnish an arrow. And how many?

In commenting on what tuberculosis costs the nation, R. T. Solensten, assistant secretary of the National Safety Council, says:

From two and one-half to five years of life per individual in the United States can be saved by eradicating tuberculosis. If the net production of each person be placed at \$100 per year, which is a moderate estimate, this means a prospective saving of twenty-five to fifty billion dollars to the people of this country. These are conclusions reached by the National Tuberculosis Association on the basis of figures compiled by its research secretary, Jessamine S. Whitney, and Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company.

Such estimates are valuable because they focus attention upon the relation of health to production and the losses which are now sustained by industry as a result of the prevalence of tuberculosis.

Tuberculosis is not a disease of industrial life alone, yet the conditions under which men and women work frequently constitute an important factor in its causation. To the extent that employers fail to provide sanitary working conditions and careful medical supervision for their workmen, industry is morally if not legally responsible for the spread of this disease.

It is not an idle dream to contemplate the good which will follow if tuberculosis be wiped out, because it is a preventable disease and in time it can be completely eradicated, but it will take a serious, persistent, concerted fight on the part of the whole nation to do it. When tuberculosis is finally eliminated, the productive power of industry will be tremendously strengthened, all the evil social consequences and effects of the disease will tend to disappear, and the sum total of human happiness will be enlarged.

CARELESS PEOPLE

One would not believe there are so many careless people in the world unless she had had the privilege of looking over a large

morning's mail, particularly a mail like the JOURNAL'S where money is received for various purposes.

Nurses who cannot get a money order will sew silver pieces between bits of cardboard; others put them loose with bills in an envelope. In either case, it is perfectly evident to anyone who handles the envelope that there is coin inside, and it is a testimony to the honesty of our postal employees that so seldom is such money lost in transit. In other cases, the money for the renewal of a subscription may be sent by check with no accompanying letter, and only a search of the subscription file to find some one whose name is the same as that of the signer of the check, affords a clue. Others are careful to put their street address in the letter, but neglect to add the city and the state. Dozens, and this is not an exaggeration, trust to our finding the full address on the outside of the envelope. We have learned to regard envelopes as precious and they are never thrown aside until the letter has been scanned to see how much information it will give, taken alone. A smudgy postmark is a valued guidepost at times.

Then there is handwriting! When one knows she does not write clearly, she should print her name and address as well as writing it. Sometimes an enthusiast will begin a communication on a postcard and will find she has so much to say that the card can hardly hold it all. What is crowded out in this instance? Why the signature, of course.

Lastly, consider the subject of abbreviations. People who live in Florida, Ohio, and Wisconsin, probably understand what the symbols, "Jax," "Cts." "Cti.", and "Mil," mean, but it is not always clear to those outside the state.

Money comes to us for various purposes,—to pay for subscriptions, for advertisements, or for books; for the Memorial Fund and for the Relief Fund. It is very necessary that we should know exactly what is intended by the sender of money; yet the senders, themselves, are so trustful that they send sums as large as \$100 with only the signature to the check as a guide for its use.

What happens when nurses change their addresses, as 423 of our subscribers did during October? A large proportion of these are thoughtful, careful people, who write us promptly, giving the old and new addresses,—and all such deserve to get their magazines without a hitch or a delay, provided the notice has reached us well in advance of the change. The others do nothing for six or seven months and then write us that they have not been getting their JOURNALS and that they would like all the missing copies. They add, as an afterthought, that their address was changed last spring. We have not been

unmindful of them all this time, however, nor has the Post Office Department which certainly tries hard to keep mail going where it should. When the postmaster notifies us that the JOURNAL cannot be delivered because the subscriber "Moved, left no address," we send stamps for the return of the magazines, we try to get in touch with the nurse, herself, and failing that, we take her card from the file and her stencil from the tray of the addressograph machine, make note of all these things, and wait patiently,—but not with folded hands,—until she remembers that she has not had a JOURNAL for some time and notifies us sternly that she will not renew her subscription unless we are more businesslike. Such incidents make us smile and sigh, they are part of the day's work, but they are offset by the many comments of another kind tucked in with business letters,—expressions of appreciation, confidence and enjoyment, none of which fail to the ground unnoticed. They cheer us and give us courage to go on, trying, like the impartial sun, to bless both the just and the unjust.

PUBLICATIONS OF INTEREST TO NURSES

The Children's Bureau which has put out so many interesting and helpful leaflets of use to nurses who are caring for babies or young children, has now issued a pamphlet of study outlines, called Child Welfare Programs. It deals with such subjects as Children in Industry, Infant Mortality, etc. Under each heading are topics for papers and discussion, and these are followed by a list of references for reading or study. District or alumnae associations would find these good topics for meetings. Too often our members are ignorant of the broader fields of work so closely allied to our own, and it will do us good to devote a meeting or two to making ourselves better acquainted with the work being done for children by other workers than nurses.

The American Journal of Obstetrics and Gynecology has recently made its appearance, taking the place of the American Journal of Obstetrics and Diseases of Children which was discontinued last winter. This first number has articles by well known obstetricians and gynecologists, with illustrations. It is, of course, a medical magazine, but nurses working in these fields will find much that is of value to them, keeping them in touch with the latest methods and the reasons for their adoption. The subscription price of the magazine is \$6.00.

A pamphlet explaining the provisions of the Sheppard-Towner bill has recently been issued by the Law Reporting Service of the Young Women's Christian Association.

This pamphlet explains the Maternity and Infancy Bill which provides for public protection of maternity and infancy by a method of coöperation between the Federal and State governments, and portrays the conditions which make some national program imperative. It presents in condensed and readable form the results of authoritative studies made by groups working in the particular fields, showing the general conditions of maternal and infant welfare, what experiments are being made in various sections to reduce mortality, and with what success they are being carried on. Included with a summary of the bill, with its present revisions, are statistics compiled by the Children's Bureau, the Metropolitan Life Insurance Company and other groups.

For organizations, physicians, nurses, and others who wish to learn about the measure and interest their communities in it, the pamphlet is an excellent source of information.

Copies of the pamphlet may be purchased from the Woman's Press of the National Board of the Young Women's Christian Association, 600 Lexington Avenue, New York.

RE-REGISTRATION

We want to call the attention of all nurses in New York State to the fact that they must register, or re-register before January 1st, if they wish to be free to practice as trained or registered nurses under the new law. The waiver expires on January 1st, so there is no time to be lost. No examination is required if other requisites are fulfilled. Directions for registering will be found in *Nursing News* under the New York heading.

FREE RADIUM TREATMENT

The legislature of New York State has purchased radium to the amount of two and one-quarter grams, at an expense of \$250,000, for the use of the people of the state who are suffering from cancer and for research work. The Institute for the Study of Malignant Diseases at Buffalo will have charge of this precious metal and will give the treatment free of charge.

THE NIGHTINGALE CALENDAR

We again remind our readers that a Florence Nightingale calendar has been prepared with quotations for every day in the year from Miss Nightingale's writings. The price is \$1.00 and it may be ordered from Miss Albaugh, National Nursing Headquarters, 156 Fifth Avenue, New York. The proceeds will be used for the maintenance of Central Headquarters.

A CORRECTION

On page 116 of the November JOURNAL, in the notice of the proceedings of the American Hospital Association, it should have been specified that the excellent report of the survey by the Committee on Nursing was presented by Mary C. Wheeler, who also represented the Nursing Committee of the American Hospital Conference.

THE OUTCAST

BY GENE HARRISON

Barnes Hospital, St. Louis, Missouri

It was early Christmas morning. The dawn was still nestling beyond the horizon in the east. The air was cold and crisp and clear, while stars shone with a brightness so amazing that none had ever shone brighter—save one.

The ward was filled with a busy, gentle hum. The lights were still low, but the glory of the morning peeped in from without. In each bed a mother crooned softly, and a baby nuzzled contentedly, for it was nursing time.

In each bed, did we say? But wait. There stands a nurse with a wee bundle in her arms, pleading with the new mother. The babe was born early on Christmas Eve and the mother has not yet looked upon its tiny face.

"Take it away. Take it away, I tell you! I won't have it." Her eyes were tight shut, her hands were clenched.

"Not have your baby—on Christmas morning? Poor little thing! See, it is hungry. Didn't you want a baby at all?"

"I thought I did," wailed the mother. "I thought I did, but why, oh, why did I have to suffer such terrible pain?"

Her heart was in rebellion. They had planned for the baby and talked about its coming,—she and the baby's father, but she had never dreamed it would cause such pain. She had been well all her life, she did not know before how pain could hurt. Love the little creature that had caused it all? Place it at her tender breasts and let it cause more pain? No, never!

But hark! What was that? The soft strains of music, coming nearer and nearer. Presently she could see the nurses filing in the door, their uniforms showing dimly in the morning light, their faces brightened by the twinkling of the candles in their hands. Sweet, soft and low was the music. What was the song? Surely her mother had sung that. Slowly, slowly but surely, in spite of her rebellion, peace began to steal into her heart. Now the singing line was nearer, and she could distinguish the words.

Dear little Stranger—

Why, how did that singing line know that her baby was still a stranger? Did all the nurses—and all the world—know that she had not yet looked upon its face?

Slept in a manger—

No, it was the Christ Child of whom they sung. Her baby—her baby, surely, had been in a warm little crib. She had seen them in the nursery before her baby came to cause her so much pain. She had almost forgotten the pain for a minute, and the waiting nurse with the wee bundle in her arms.

No downy pillow under His head—

Oh, but there was a dainty blue basket waiting at home, with pillows as soft as thistle down. Well she remembered how she and the baby's father had pictured the tiny face on those pillows.

Angels came down from the sky to adore him—

The faces of angels could have been little brighter than those of the singing nurses in the candle light. They were now close around her bed. One of the nearest reached out and gently patted the unwanted bundle, unwanted? Oh, but she did want her baby, wanted it at last. With a sob she held out her arms. The waiting nurse placed the baby boy, no longer an outcast, at his mother's breast. Back to her came the soft sweet notes of the singing line,

Dear little Babe in his bed.

NURSES' HOMES

SECOND PAPER

BY AMY M. HILLIARD, R.N.

Samaritan Hospital, Troy, N. Y.

A school of nursing should be built separate from the hospital buildings, if possible. The school building should communicate directly with the hospital by means of a subway, loggia, or protected path; otherwise students will be obliged to provide themselves with double sets of rain coats, umbrellas and storm shoes in order to meet-unexpected inclemencies of the weather.

The school building should be of fireproof construction with hard wood floors in bedrooms and corridors and either tile or terazzo floors in lavatories. Glazed tile side walls of about five or six feet in height in lavatories insure cleanliness, save painting, and are good looking.

The trim of the building should be of wood stained to harmonize with the walls, which should be painted in light neutral tones such as cream or French gray. Avoid white enamel trim in bedrooms and corridors, as it is glaring and difficult to keep clean.

If the corridor floors have runners of linoleum edged with

moulding and all varnished and waxed, they will look well and be easily kept in order. Tile or terrazzo floors in corridors are very cold and if covered with carpet runners are seldom very clean.

In order to give ample opportunity for study, each student's room should be single, but never large enough for the introduction of two beds, as the temptation will always be to overcrowd rather than to build additional quarters for students. Each room should be large enough, however, to hold the necessary furniture such as single bed, two chairs, bureau, and desk. The desk should have at least one drawer and book shelves underneath or resting upon it. The closet should have both hat and shoe shelves, rod and hooks for clothes, with a towel rod and tooth mug holder on the inner side of the door.

Bedrooms should be lighted by one large window and two side wall electric lights. Drop lights are impracticable as they are so often broken by both students and employees. The rooms should be steam heated by radiators concealed beneath windows by means of gratings. If simple in design, gratings are decorative and not as ugly as the ordinary radiator. There should be ample bath and lavatory facilities with each basin, tub and toilet in a separate compartment, with doors on the bathrooms and toilets. Unless they are separated, it is possible for one person to tie up the use of the bowl, toilet and tub at times when they should be available for practically the entire school, for example in early morning and late evening. In at least one very modern school building we find what is generally known as "concealed" plumbing. This leads to the unfortunate tearing up of floors or breaking holes in the walls whenever there is an interruption in the drainage from bowls, toilets or bath tubs. This is most expensive, inconvenient, and disfiguring, as it is very difficult to repair floors and walls, especially floors of concrete and walls of tile. All plumbing should be made accessible so that it may be as easily repaired as possible, as we all know that repairs are frequently needed and the more expeditiously they can be made and the exit of plumbers facilitated, the better for the school.

The teaching suite should approximate a ward unit in detail and should have: (a) A small ward of about five beds, depending on the size of classes; (b) a utility room with the regular ward equipment; (c) a linen closet; (d) a nurses' dressing room; (e) a diet laboratory with individual gas stoves and cooking equipment, desk for instructor, closets, refrigerator and blackboard; (f) a laboratory for chemistry, bacteriology, and dissection, with individual bunsen burners and the other usual laboratory equipment; (g) a study with reference library and tables; (h) an office for the instructor; (i) an assembly hall for lectures and recitations.

There should be reception rooms, with piano and other furniture so placed that guests may be entertained with some privacy. It is very desirable that such rooms be separated from the assembly hall by means of folding doors, so that when large receptions are given or graduating exercises are held, all can be thrown together as one room. As it is frequently necessary to serve refreshments at receptions and other entertainments for nurses, it is very desirable that a serving pantry be in direct communication with the assembly hall and reception rooms. This is all too infrequently found.

Suites should be provided for the superintendent of the school, for the instructor, and for the supervising nurses. These may be arranged so that there will be connecting bathroom and sitting rooms. Separate reception rooms should be set aside for the exclusive use of graduate nurses.

There should be provided, in the school building if at all possible, an infirmary for students who may be ill and it should be in fairly close proximity to the office of the supervisor of the school building. The infirmary for sick nurses should have a surgical dressing room and single rooms, each with running water, in order to provide for isolation of any communicable disease if necessary.

The following very desirable features are found in many of the most modern school buildings: Screened porches for both recreation and sleeping, roof garden, general library with current magazines, kitchenette, small laundry, pay telephone booth, gymnasium and swimming pool.

If the principal of a school of nursing who feels the necessity for the erection of a new building, will visit other schools for young women and will urge her training school committee and board of directors to do likewise, she will go a long way toward procuring suitable class rooms, and dormitories for her students. The fact that all schools for the higher education of women are crowded with students is evidence that schools of nursing must present equal facilities and advantages with other professional schools for women if we are to attract students with equal educational attainments.

CENTRAL DIRECTORIES AND THEIR RELATION TO PRIVATE DUTY NURSES*

BY GRACE M. COOK, R.N.

Indianapolis, Ind.

I venture to say that if I were to ask you here today to tell me what a central directory is, not more than a dozen of you could do so. Most of you would say that a central directory is a place for private duty nurses to register and to receive calls, for that is as much as you have ever been interested to know. A central directory is a place for private duty nurses to register and receive calls, but it does not stop there. A central directory is an institution, owned and controlled by nurses, not by a nurse or an individual, and operated for nurses and for the best interests of their profession, not for pecuniary profit. It is, or should be, a headquarters for nursing interests and an aid to the medical profession and the public in securing efficient care for the sick.

Then why, if this be true, must our central directories be continually struggling for existence? A nurse, to register with a central directory, must be a state registered nurse. Sufficient time is given new graduates to take their state board examinations, and time is allowed new nurses coming into the state, to take out their reciprocity papers. Most directories require that a nurse be a member in good standing of her alumnae, which means, as you know, that she is a member of the district association, state association and national association. A letter from the superintendent of her training school is also required. This, of course, is a little trouble or "red tape," as some are pleased to call it. It is much easier to send \$10 or \$15 and have no questions asked, and this would be all well and good, if all women calling themselves nurses were registered nurses, but they are not.

Do you, who have spent at least three years in preparing yourself to practice your profession, want to work in hospitals, in homes, and elsewhere with these self-styled nurses, receiving in many cases the same remuneration, the same credit and the same criticism? But you say, "How can central directories prevent this?"

If every registered nurse registered with a central directory, and if every hospital and every doctor called a central directory when in need of the services of a nurse, how long do you think these self-styled nurses could last? It is the duty of nurses to make the central

*Read at the convention of the Indiana State Nurses' Association held in Indianapolis, October 7, 8 and 9, 1920.

directories 100 per cent efficient, and then to teach the hospitals, the doctors and the public to use them.

The national Red Cross realizes the usefulness of these official directories, and whenever and wherever possible it makes them headquarters for its local committees on Red Cross nursing service.

Business and professional men and women make use of them. It would be impossible to enumerate the many questions asked by them each year. During the recent epidemic of influenza, when nurses were scarce because of the war, and doctors could not be reached for hours, many people called to ask what preventive measures they might adopt and only recently, early one morning, a woman called a central directory to ask what she might do to rid her Angora cat of fleas. This seemed an unusual question, but fleas invaded many homes this summer, and they are a real menace to health and happiness, especially happiness. Central directories are for service.

Many nurses when approached about a central directory, say, "But I do not need to register for calls, I now have more than I can care for." Perhaps you do not need a central directory to keep you busy, but your profession needs it, and you are a unit in that profession. We hear that commercialism is invading our ranks, and so it would seem when nurses take that attitude, but will a nurse profit by it? You are held in esteem and worth only as high as your profession is held.

Years ago, the barber did all the surgery that was done. To-day surgery is one of the greatest and most respected of professions. Why? Attend a few county, state and national medical meetings. The medical profession stands where it does to-day only because doctors of the world realize the importance of standing together. How many doctors do you know, who do not attend medical meetings, and who do not take one or more good medical and surgical journals? If you know one, how much respect have you for his ability? A doctor has the same right to question your ability, when he finds you are doing little, or nothing for the advancement of your profession.

Why should a busy doctor be expected to remember your telephone number, or a superintendent of nurses'; or why should her assistants, who are employed to conduct a training school, be expected to conduct a registry for nurses? They have all, and more than they can do. Your name, it is true, may be listed in the classified list in the telephone directory, so also are the names of women who have never been farther in a training school for nurses than the kitchen. Most central directories keep a list of attendants for the convenience of the public, but never, under any circumstances, is an attendant sent out as a trained nurse. I hope the time is not far off when these

women will no longer be connected with our central directories, not that we do not need good attendants, but they should not be confused with the nurse. The attendant has her place, but she is not a trained professional woman, and just so long as the central directory continues to send attendants into the homes to care for the sick, just so long will the public have a confused idea of a nurse.

Young women, who might otherwise take up nursing as a profession, come in contact with these attendants, who are not always of the best type of womanhood, and their estimation of the profession of nursing is based upon that observation of these women, for are they not sent out by a recognized directory? Thus far, it has seemed best for central directories to keep in touch with them. Those of you who were fortunate enough to hear Miss Parsons' address yesterday, will remember that she said for our comfort that "God still puts it into the hearts of young women to want to be nurses." Is it not our duty to do all in our power to place our profession on the highest plane attainable, that such young women may not be disillusioned when they reach their heart's desire? This is what the central directories are striving after, as well as being a place where private duty nurses may register and receive calls.

We have these directories all over the United States. Kansas City has a directory with a membership of 400, controlled and financed by the Second District, Missouri State Nurses' Association. The fee of \$12 and the Association dues are paid into the same treasury. District No. 13 of the New York State Nurses' Association has a central directory with a membership of 557, financed by a registration fee of \$15 annually. Boston has a central directory with a membership of almost 1,000. Detroit, Michigan, has a central bureau of nursing. The Visiting Nurse Association, the Babies Milk Fund, the First District Association, and the Central Directory have offices in the same building. The Directory, which is managed by the Board of Directors of the First District Association of the Michigan State Nurses' Association has a membership of 520. A monthly report of the work done by the directory is submitted to the District Association. Here, I believe, the attendants are cared for under a separate department.

At the convention of the American Nurses' Association, held in Atlanta, Ga., this year, it was advised that, "so far as possible, district associations establish registries, and that cooperation of hospitals, lay people and doctors be sought in order to bring about satisfactory conditions in each locality." The Private Duty Section presented this resolution: "That all nurses should affiliate themselves with the authentic nursing bodies of their localities, especially the nurses'

central directories, and that they should meet often and discuss their various problems and the solutions of the same, and in all things seek co-operation, for in union there is strength."

The central directory of District No. 4, Indiana State Nurses' Association, has a membership of 152, is controlled by a board of directors appointed by the district association, and is financed by a registration fee of \$10 annually. During the year 1919, with but 50 nurses registered for private duty in January, and but 130 in December, more than 8,165 calls were received; 1,267 of these were cared for. Many were from other states, and two were from Mexico City, Mexico, where two nurses were sent for institutional work. A number of these calls were for institutional, public health, school nursing, industrial nursing, etc., many being cared for from the private duty ranks.

This is just a brief report of the work done by one central directory. It is impossible to keep records of the interviews with women interested in the nursing profession, advice and guidance given those no longer able to do private duty, the hundreds of letters written each year, including letters of recommendation, etc. Many, many times our nurses' organizations are explained to new graduates, and not a few times to the older nurses. Central directories do all this and more.

I have tried to tell you of the relation of the central directories to private duty nurses, but I find it impossible to separate them from the profession as a whole. However, private duty nurses have an opportunity through these official directories to help establish and maintain better ethical standards among nurses, and to promote the standing of our profession.

Every good private duty nurse wants private duty placed where it should be, and every private duty nurse, a registered nurse. That is why we have central directories. A few have seen the need for them, and have struggled to maintain them. Just as soon as all registered private duty nurses realize the benefits to be derived from these directories, and make use of them, just so soon and not before, will private duty be placed where it should be. The profession as a whole needs the central directory, but the private duty nurse cannot afford to do without it.

SCIENTIFIC COURSES FOR NURSES

BY HENRY J. GOECKEL, PHM.D., M.D.

*Director of the Clinical and Pathological Laboratories of
Muhlenberg Hospital, Plainfield, N. J.*

There seems to be a tendency on the part of some people to consider anything beyond scrubbing and cleaning, taking temperatures, etc., as not being practical education for trained nurses. With the rapid advance in diagnostic methods and the extension in other fields of medical education and practice, the demands on the nurses' ability are becoming more exacting. This has been recognized by increasing the training to three years and by demanding high school education for entrance.

In all expanding fields of educational training, there is always the danger of crowding the student with an excess of secondary matter to the detriment of training in the primary essentials. There is the tendency to take courses suitable to qualify students in other lines, and to try to use them for educational purposes for which they are entirely unsuited.

The modern education for a nurse is of a very practical nature; it is a desirable basis for many fields of human endeavor. As the hospital is essentially a community institution, it is but natural that the various lines of social service should make their impression upon the training of nurses. It becomes the duty of the training school to endeavor to qualify their product for these various fields of usefulness, as well as for its own needs. To do less, would be to fail in service to the community and to do an injustice to those who place confidence in the institutions by coming to them for training.

There are many subjects which can be taught which, while not of direct value to the duties of nursing the sick, are of considerable value to make the nurse more competent for such service and for others within the sphere of her training.

To teach anatomy and physiology without affording the student an opportunity to understand the histologic or cellular structure, and to actually see the relationship between the various organs and parts by animal or post-mortem demonstrations, is poor training. To teach *materia medica*, etc., by memorizing a lot of words and definitions, is a waste of time.

In giving courses in physics, chemistry and in micro-biology, we must keep in mind that we are not training chemists and biologists, but that we are using such subjects to attain greater interest and a better understanding of the other subjects essential to the students'

training. Whether they are of value or not, will depend entirely upon how they are presented.

An introductory course in physics can be made of considerable value in understanding apparatus and appliances, which when taught later, would be laborious memorizing without the dynamic knowledge which this course affords. The principles of leverage can be illustrated by the use of a balance scale, in place of the classic bar and block; by a nut cracker, a potato ricer, scissors, hemostats, and the human arm; thereby connecting the drug department, the laboratory, the home, the diet kitchen, the ward, the operating room and the anatomy studied.

Expansion and contraction of gasses and vapors, pressure and vacuum can be demonstrated by the autoclave, thermos bottle, etc. A liter flask partly filled with water, heated to boiling, removed from the source of heat, tightly stoppered and then rapidly cooled, will show the effect of contraction of gas or vapor by reduction of temperature. It will demonstrate the lowering in boiling point by reducing pressure, just as the autoclave will demonstrate rise in boiling point with increased pressure. The thermometer will show expansion and contraction. The laboratory desiccator and aspirator can be used to demonstrate air pressure.

Refraction and reflection of rays can be demonstrated, first by a dish pan and the immersion of an object in water; by the plane and concave mirror (of the microscope), then lead to the principles of the optic, camera and microscope lenses, the bull's eye lens, the head reflector, etc. The prismatic spectrum can lead to the understanding of the spectroscope; all these can be used later to understand the X-rays.

Capillarity, dialysis and osmosis can be illustrated in various ways and used to explain the rising of sap in plants; the interchange of substances in body tissues, the applications to the purification of colloids (antitoxins), to explain the difference between absorbent and non-absorbent application, etc.

Inorganic chemistry can be an irrelevant hodge podge, and memorizing of valueless facts, or it can be used as the key to an understanding of the many problems underlying saline therapy, dietetics, etc.

Chemical reactions can be illustrated by explaining the different types of baking powders, etc. The chemical reactions can be used to explain the difference in potential and kinetic energy, the source of caloric energy, the energy manifested in life functions, fevers, etc.

In considering the various inorganic substances, those with which the nurse will become acquainted can be accentuated, and grouped on

the basis of the periodic arrangement of elements. The aim should be to impress upon the student that there is order and system in it all, getting away from poll parrot memorizing.

Organic chemistry can be used to introduce the simpler substances; paraffines, etc., alcohols, aldehydes, ketones, acids, ethers, etc., their similarity to inorganics in structure; leading on to sugars, fats, etc.

Proteids and their derived products, their effects in producing fatigue, should be compared with *materia medica* substances. The similarity or dissimilarity in structure and physiologic action, should be brought forth.

The same methods can be pursued in presenting bacteriology, or rather micro-biology, correlating it with the other subjects taught. The clinical pathology phases should be brought into this course. The tests and examinations which the students are continually hearing mentioned and seeing reported, should be explained from a chemic and physiologic view.

Third year nurses who have had preliminary courses, as partly outlined above, should have the option of a course in practical laboratory work. Such a course should enable them to understand the limits of their ability as well as the extent of the same. Such a course will not make pathologists or expert technicians of them; it will make their work more interesting and will increase their ability. It will afford them the opportunity to be able intelligently to decide whether they care to go further and qualify as laboratory technicians.

With the rapid extension in the field of technical or laboratory diagnosis, the demand for technicians will no doubt increase. We believe that this field is one for which the training schools should seek to prepare their students; at least in such a manner that they can later take technician courses to advantage.

FOUR WEEKS OF INFLUENZA IN A MINING CAMP

BY MAMIE ELLINGTON THORNE

Oakley, Idaho

After my discharge from the army, I married and came west to a mining camp where my husband is employed. The elevation of the mine is near nine thousand feet; it is practically a new mine, and the company has been in operation a little less than a year. We are some thirty miles from the nearest railroad station, and there is no telephone through yet. Only in good and dry weather can cars get up to these mountains, and then after a hard and steady pull up grade for many miles.

Last winter all the freighting and most of the passenger service was done by horses. The teamsters used from four to eight horses on one wagon, where the snow was deepest, and never made the trip in less than from three to four days. There are about two hundred people employed here. There are not a great many conveniences, but two which I have in my little house, and enjoy, are water and electricity.

There was no hospital equipment here of any kind, and no provision for taking care of the sick. My husband had been asked to get a few emergency supplies, he being the only person in camp with any hospital or medical knowledge. The two doctors of the nearest little town refused to come up to the camp on calls, because of the exceedingly rough and dangerous roads. One of them had attempted it once and had run his car over a high embankment, barely escaping with his life.

I was sometimes called upon to go to see a sick baby, or perhaps the mother would walk a mile, bringing it to see me. A few times I was called to help when men were gassed, and sometimes to do a dressing. All went well until the first of January, when the influenza at last "flew" into our midst. I suspect it was brought in by those returning from holidays, or by miners who constantly go and come. At any rate, several persons became ill, and each day there were from one to four new cases.

The mine authorities held a meeting, after which they asked us if we would try to cope with the situation. We agreed to do our best. We were permitted to order any drug or hospital supplies we felt were necessary, and a hospital fund was arranged for us as compensation for our work. A small hospital ward and drug room were soon fitted up, where we took a few of the sickest men for a few days so as to get them away from others in the "bunk" houses, which, I am sorry to say, were badly crowded even for well people.

We asked that every new case send a report to the office each morning after eight o'clock, or as soon as he quit work, if during the day. The drug room was always open at noon, and again for a half-hour or more in the evening, as was necessary. We soon got quite a complete supply of medicine except, of course, that coming under the Harrison law.

Three times a day, and sometimes oftener, we took a tray of medicine and made the rounds to each "bunk" house, trying to supply the needs and demands of the men. It seemed at times like the epidemic which we had gone through in the army camp, though on a small scale, but I am happy to state that here we had no deaths. We took the temperatures, put the patients to bed, and gave what medicine we

thought their condition demanded. The first thing was always a good cathartic. Castor oil seemed to give better results than calomel and salts, or pills. The general rule was to give the patient aspirin, 5 grains, and quinine, 3 grains, or cold tablets, alternating, giving one every two hours, or in some light cases every three hours. We always asked about the throat and chest, and left a gargle with strict orders to use it, whether or not the throat at that time was sore. We used mustard or menthol preparations for external application to throat and chest, and often for severe backache. We insisted that quantities of water and lemonade or other fruit juice, if possible, be drunk.

Most of the medication was lessened after twenty-four or thirty-six hours, and a liquid or soft diet given. The men, as a rule, were very good about taking their medicine, and their friends in waiting upon them. As all the diets were carried from the boarding house kitchen by the friends or "pals" of those sick, I gave strict orders as to the diet in the kitchen, which I have reason to believe were carefully carried out.

This epidemic lasted only four weeks or a little less, with the exception of a stray case now and then. We took care of sixty-five cases during this time. Most of the men returned to work in from seven to ten days, and but few were in bed more than three to five days.

None developed pneumonia, and only three had temperatures of 104° F., and then only for a few hours. There was only one woman patient, who complained so much of her chest, that we sent her to a lower altitude for fear of pneumonia, but in a few days she, too, was all right. The other complication was mostly tonsillitis, in addition to the nose and throat troubles that usually accompany influenza. There were about eighteen or twenty that seemed to be typical tonsillitis cases, two of which developed into quinsy, but both boys had been subject to it. One case that seemed not to yield to any treatment we could give, was started to the doctor, but the tonsil "broke" before he got there, giving instant relief.

We had one case of a middle aged man who seemed to have neuralgia in the left side of his face. This, of course, was very painful, and lasted for several days in spite of all we could do. I think a great deal of his trouble was caused by poor teeth and no care. He said he had not used a tooth brush in ten years until we insisted upon it.

Conditions up here are not as yet governed by laws of sanitation, but we did our best under the conditions, and fumigated each room as soon as it was cleared of the sick.

In a place of this sort the men are expected to furnish their own

bedding. The company furnishes only the bed, springs, and mattress, as the miners are constantly changing situations. Some have blankets that reek with dirt and filth, while the bed next may be clean, and may even have a white spread.

We still continue with the dispensary, and scarcely a day passes that we do not dress some scalp wound or crushed finger, or some such minor thing, as so many get hurt in the mine. However, it has all been a new and interesting experience to me.

NURSES FROM A PATIENT'S STANDPOINT

By F. B.

I know people who regard the professional nurse as a person whose training has left her entirely devoid of humane and gentle qualities. I know others who think she is an ethereal being who flits from bed to bed whispering soothing words to the dying and the maimed. Both of these pictures are true. There are nurses who treat their patients as a mechanic treats a piece of machinery. Others seem to have been born to succor and to bless. I speak from experience as a patient, my life, so far, having been one long struggle against disease. I have been ill, seriously ill, so many times and from so many different causes that my medical history has been called unique. I have been "a medical case" and "a surgical case" about an equal number of times, and I know the nurses, doctors and hospitals of two lands. I do not mention this because I think it something to be proud of, for it is rather humiliating for a man of my stature and ambitions to have to be carted around in wheeled chairs and shielded from harm by maidens whom he would ordinarily hasten to protect, but to show that my experience as a patient is sufficiently varied to qualify me to speak on the subject of nurses.

It is not long since any old kind of nurse was considered good enough, and nursing as a profession was shunned by women of education and refinement. In the history of one of the great European hospitals which I read some years ago, it was stated that fines were exacted from patients who swore at the nurses or threw things at them. One can imagine from this the class of women engaged—and of the patients, too! To-day it is recognized that a good nurse is as important as a good doctor.

I feel, however, as I lie here on my back, hardly able to raise my head from the pillow, and realize all that is being done for me by the woman into whose care my person has been committed—autocrat though she be!—that the nurse is entitled to fully two-thirds of the

credit for every cure. The doctor plants the little seed of health, but the nurse is the one who makes it grow. The doctor is a sort of consulting engineer, to change the figure, but the nurse is the official who stays right on the job.

What is it a patient appreciates most in a nurse? Speaking for myself, I would say it is friendliness. If one goes into a store or an office to transact business and the clerk is cold and distant and gives one the impression that he is waiting upon one from a sense of duty only and will be glad when that duty is over, one experiences, shall I say, a slight chill. If, on the other hand, one's wants are attended to by a person who seems to find a real pleasure in the work, the feeling produced is very different. Now, if one appreciates a little friendliness from a clerk, while spending a few minutes in a place of business, how much more can one appreciate it when he is helpless as a baby and dependent upon the other person for every need, for weeks or months? By friendliness I do not mean familiarity,—familiarity may be objectionable,—but that kindly interest in one's welfare, that desire to please which we all recognize, especially when we are sick, but which cannot easily be expressed in words.

I believe nurses, like poets and artists, are born and not made. I have known nurses who antagonize a patient even before they speak to him. There is something about them that irritates or repels. I have known others whose kindly manner and smiling faces win the patient as soon as they enter the room. I think the difference lies here: the former think a sick person is some one who requires "handling," while the latter regard him as a fellow creature who happens to be ill and in need of care and attention. I do not mean that a good nurse from a patient's point of view is the one who will let him do as he likes in everything. The kindest and most considerate nurses I have had have been among the most strict, but strictness is not the same as being masterful.

I do not pretend to know why one person should be so disagreeable and the other angelic. It is a problem for the mental or moral scientist. I believe neither is fully conscious of the impression she is producing, but I do know that as a patient I would rather be hurt by some nurses than have others apply a balm.

Though a good nurse is sympathetic, she never pities. Pity will make some patients feel worse, while others it will only enrage. I once had a new nurse say very kindly, as she did something for me: "You are very ill, aren't you?" I was so annoyed for a moment that I could not speak to her. On the other hand, a nurse should never make light of a patient's condition, unless he is an abnormal person who keeps thinking he is going to die. A sensitive patient will be

uncomfortable if made to feel there is a possible chance of his being regarded a hypochondriac.

What is the most trying ordeal for a patient?—the operation? It may be for some, but for me it is the convalescent period. As soon as I feel strength returning and am able to leave the bed I want to be "a-going." A nurse should never treat a convalescent as if he were in the way, as a few nurses seem to do, for he is usually as miserable as a bird that has had its wings clipped, ready to embrace the first opportunity of getting away that presents itself. I can understand a nurse wishing to get rid of a convalescent; there is nothing interesting about him. The hole in his head has become nothing but a scar, and his legs are as straight as other people's. I think, if I were a nurse, I would want only stretcher cases!

In ordinary human affairs one is treated better by one's relatives and friends than by strangers, but this does not necessarily follow in the sick room. A member of one's immediate family may show none of those patient and sympathetic qualities seen in the real nurse, while a person one has never seen before may have them in abundance. I have been treated with extraordinary kindness and consideration at times in the different hospitals in which I have been, and I have felt that some nurses were sent to this earth to be ministering angels. It seems to me that it would have been just as hard for them to have been unkind and neglectful as it would have been for others to avoid showing these qualities.

THE ROENTGENOLOGICAL FIELD FOR NURSES

By NORA D. DEAN, R.N.

Louisville, Ky.

The study of the Roentgen ray and its usage may be considered new in the nursing world, but it is a lusty infant, and like every other, it requires time for development. When the discoveries of Roentgen, Becquerel and Curie were first put into practical application by the medical profession, they were considered rather dangerous and it was thought that the Roentgenologist would never consent to the assistance of a nurse; instead there is, to-day, a vast field open to nurses who care to devote their time and study to this science.

The Roentgen ray has been, in the past few years, so studied and simplified by our expert scientists and Roentgenologists, that it proves to have untold value for the medical profession in the diagnosis and treatment of disease. Each day there is a greater demand for its usage, and like every other branch of the nursing profession, we cannot meet the demands for Roentgenographic technicians.

The purpose of this article is not to tell the mechanism of X-ray apparatus, but to present an idea of what is expected of a nurse technician.

In Roentgenographic work, we deal with physics, chemistry, and mechanical processes. There are a few simple laws governing the physics of X-ray, that are essential for the nurses to know, such as the laws governing control, voltage, spark gap, exposure, milliamperes, etc. Those who possess mechanical ability, may consider themselves most fortunate. The theory of shadow formation is very important and as the roentgenologist depends entirely upon the shadow formation in making a diagnostic reading, a nurse must familiarize herself with the normal shadows and their relation to each other, in their normal position, under normal conditions, or she will not be qualified to make a satisfactory plate. Thus the positioning of the object, the plate, and the tube, is a matter of elementary importance. The theory is that the image is made on the plate by the rays, passing perpendicularly from the tube through the object to the plate, in the normal position. For instance, if the patient cannot assume the normal position for picturing a certain object, then the plate and tube should be so positioned that the rays would pass perpendicularly.

The next procedure considered is the technique of the dark room. There are three main things to be observed: proper lighting, prevention of contamination, and careful manipulation. Doubtless only a few of us realize how delicate this work is, and what perfect technique should be used in handling and developing X-ray films. The slightest attempt to fold an Eastman Dupli-tized X-ray film will produce a shadow when it is developed, and this may prevent other shadows of importance from being detected by the interpreter of the film.

A standard formula should be used for mixing the developing solutions. The solutions are kept at a standard temperature and there is uniform exposure of the film, giving it the accurate time of exposure.

The technician soon controls the time of exposure of the film to the solutions by the time of exposure of the ray to the plate. The time of the exposure of the ray to the plate is controlled by the density of the object of which the image is to be made.

The technician should always bear in mind that the developing of X-ray films is a chemical process and should be handled with the greatest care. One of the most interesting features of this work is the gastro-intestinal examination, with the fluoroscope, watching the progress of the barium or bismuth meal throughout the entire intestinal tract. The general routine for this is to give the patient the barium meal at 8:30 in the morning, after which examination of the esophagus and stomach is made, having the patient return for a six-

hour reading, and on the following morning, for a twenty-four hour reading. At this time, the patient is given a barium and buttermilk enema, of one quart, and is placed in the dorsal position, so one can follow the shadow of the solution through the rectum, sigmoid, descending colon, transverse colon ascending colon, and filling the caecum, in this way detecting any filling defect that may exist. Since my observation of the Roentgen rays, I have failed to see the distinction between a high and low colonic irrigation, which the former student nurses were required to learn. The study of the Roentgen ray, its mechanism, and value in Roentgen diagnosis and Roentgenotherapy certainly prove it to be one of the most interesting scientific fields, open to the nursing profession at present.

THE VACUUM BOTTLE AS SICKROOM EQUIPMENT

BY HILDE BRAND

Quite frequently nurses are called upon to work in homes lacking at least some of the modern conveniences, or else the sickroom may be located in a distant part of the house. It is then that the vacuum bottle becomes a necessary and altogether helpful part of the sickroom equipment, an article that can be made to save the nurse many steps and much time and trouble. It frequently enables the convalescent patient to do for himself or herself what it would otherwise be necessary to ask the nurse to perform. An instance of the latter is the patient who requires a fresh drink during the night. He dare not get out of bed to get it, but if he has a vacuum bottle placed handy, filled with fresh cold water, it is usually an easy matter for the convalescent to pour himself a drink. The weary though faithful nurse need not be disturbed, something both nurse and any considerate invalid will appreciate. Even though the patient be unable to wait on himself, if a vacuum bottle is used to provide fresh water, it will save the nurse frequent trips to the source of supply, especially in the case of fever patients. At the same time it will make it unnecessary to leave the patient alone, which in some cases is dangerous.

Or the vacuum bottle may be filled with any hot liquid often so necessary in the sickroom, keeping it hot for hours, or until a fresh supply is conveniently attainable. For instance, a vacuum bottle can be filled with hot water early in the evening, and then used during the night to refill a hot water bottle that has become cold. Nurses will appreciate what this means in homes that do not have all the modern conveniences.

Note.—Nurses should be warned against keeping the food supply for a baby in a vacuum bottle. All milk contains bacteria, and to raise its temperature much above fifty degrees makes it an ideal culture medium for their growth.—Ed.

DEPARTMENT OF NURSING EDUCATION
IN CHARGE OF
ISABEL M. STEWART, R.N.

HOW TO ECONOMIZE TIME AND ENERGY IN SCHOOLS OF NURSING¹

BY JUNE RAMSEY, R.N.
Lakeside Hospital, Cleveland, O.

In considering this topic, there are, it seems to me, several main points for consideration; one including all purely mechanical factors, the other having to do with the academic features.

First, we may consider uneducative and wasteful such details as those pertaining to the routine of hospital administration and house-keeping, among which are the thousand and one minutiae in the admission of patients,—the listing of clothes, care of valuables, etc.; housekeeping tasks, such as dusting, general cleaning of utility rooms, utensils, etc., duties which belong more properly to ward maids; making of beds of convalescent patients, filling ice caps, and the large amount of drudgery devolving on the student nurse which, after a few repetitions, has no educational value. That she should know how to do all these things, and the reasons for doing them, is indisputable, but that daily repetition is required for three years to acquire proficiency in such procedures is open to controversy.

One might enumerate at length daily tasks required which are for the purpose only of getting the hospital work done, at the expense of the time and energy of the student nurses. Therefore, with the introduction of another type of ward helper, much of the necessary routine labor involved in the care of patients and in hospital administration and housekeeping would naturally be taken from the students, thus giving more time to carry on a constructive program of education best fitted to the needs of the individual student.

Next, I would suggest a complete curriculum, carefully planned for three years, rich in subject matter, and offering some electives. These should be given in the third year, when the student will have completed the required course of study and when she may be given an opportunity to fit herself for some specialized branch of nursing work, so that when she leaves her nursing school she is qualified to meet some one of the demands made upon the trained nurse of to-day, other than bedside nursing. These electives should prepare for public health, tuberculosis or mental nursing, some form of social work, laboratory work, administrative, or teaching positions.

¹ Read at a meeting of Teachers College Alumni, February, 1920.

In almost every school of nursing are found students who have prepared for, and who have been teaching. Seeing in nursing an opportunity for service of a different kind and perhaps more to their liking, they are admitted to some training school, usually selected after careful consideration and comparison of several schools.

It often happens that no matter what their qualifications, represented by natural ability, special preparation and experience, they are required to undergo, for three years, a certain prescribed routine and at the end are really not fitted, without postgraduate study, to enter the field they have selected. Why not give these students in their third year an opportunity to make use of their experience? With such a foundation as psychology, principles of teaching, and practice in teaching, in addition to two years of theoretical and practical training in the hospital, we could give some one of the many subjects in the training school curriculum to these students to develop and to teach under the direction and supervision of the instructor. I think we would get some very surprising and satisfactory results.

We have, during the past, very often wholly ignored any unusual qualifications on the part of our students to their disillusionment and our loss. We have all the time been crying for instructors and administrators, when right at hand we have had the material, had we known how to utilize and make the most of it.

Last, by directing the natural human interest which every student of nursing brings to her work, to the patient, as the chief educational resource of the hospital, we can early help her to the conception of that patient as material for the laboratory work necessary to the science of nursing.

We should begin early in the course to require case histories and should lay most stress on that point of the history suggested by the subject in hand,—medication in *Materia Medica*, micro-organisms in *Bacteriology*, social background in *Dispensary*, psychology in *Mental and Nervous*, etc. "By the end of the second year the student should have acquired a spirit of inquiry and a habit of knowing the different conditions affecting each patient; the etiology, symptoms, treatment and prophylaxis of the case, the social and economic conditions behind it, and a real interest in the future of this member of society."

Once the idea is established that a definite end is attainable, and that an opportunity is afforded to develop further any special aptitude, a more desirable class of applicants will offer themselves. The students themselves will continue to be interested. How often do we speak of the difference in interest displayed between Junior and Senior students!

In the class room itself much can be done. By making many

correlations early and as fast as possible, curiosity and interest are awakened and students soon learn to make applications of their own accord. Typewritten notes for demonstration of nursing procedures for each student save time and energy spent in dictation by the teacher and in copying by the student and at the same time give a guarantee of accuracy and uniformity and provide against the necessity of correcting note books.

Printed laboratory directions, well planned, for laboratory procedures, definite seating order for large classes, class rooms made comfortable as to seating and lighting facilities, a model class room which is the standard for every ward in the hospital, are details which will certainly save untold time and energy for both students and teachers.

In conclusion, by providing on the part of the school, a wealth of material for preparation in many fields, by giving credit for satisfactory proof of work done in educational institutions elsewhere, and by the omission of labor that has no educational value, we are able to place our schools on the same basis as other professional schools.

Early awakening of interest in the patient as an educational feature is not all; that interest must be sustained and kept alive throughout the course. The elimination of much of the cut and dried routine of the class room with a direction of energy to the development of initiative, resourcefulness, and clear, concise expression of ideas; and the further development of any previous special preparation or experience of an allied nature, will contribute to greater satisfaction and, therefore, keener interest for more careful preparation for any chosen field of work.

CORRELATION OF THEORETICAL AND PRACTICAL WORK¹

BY ELMA SCHMITZ, R.N.

Most nurses will agree that we need a greater degree of correlation in the theory and practice of nursing. It requires no justification on my part, as you all know that knowledge, interests, and ideals are never an end in themselves; their function is to influence action. It is how we act, how we respond to this situation or that, how we conduct ourselves under one circumstance or another, that is the final test of knowledge. Authorities on cultural education are just beginning to realize this and, therefore, to-day not so much emphasis is placed on the amount of information students assimilate, but on how this knowledge influences their daily lives. The same principles hold

¹ Extracts from a paper read at the annual meeting of the New York State League of Nursing Education, November, 1919.

true in vocational education. Dr. Snedden, in his treatise on "The Problems of Vocational Education," makes the following statement:

It is becoming apparent that a more satisfactory method of vocational education must be developed. So far as the rank and file of students is concerned, it is increasingly evident that the more abstract studies, when not intimately related with concrete practice, fail to work out into the results expected. Much dispute has existed as to whether the theory or practice should come first in various types of vocational education; however, it has been found that the best results are obtained where the courses run parallel and where some definite method of coördination between theory and practice is followed.

Correlation in Engineering.—A very interesting course for the education of future engineers has been introduced into the University of Cincinnati. The strongest feature of the required preparation is the effort that is put forth to secure better correlation between theory and practice. The students here are divided into two groups, one of which is assigned to work in industrial plants, while the other goes to school. At the end of each bi-weekly period, the two groups change places, so that the shop and the school are always full-manned. In the shop the students work as regular workmen for pay, but the nature of their work, and the length of time each stays on any particular job are subject to approval by the University. The emphasis of the school work is on theory and principles, but these are well interrelated with shop work by "coördinators" who visit each student during each shop period and then meet the several groups during the University periods in special "coördination classes" for this purpose.

The curriculum is completed in five years of eleven months each. It is claimed that every student receives twenty-seven months of University instruction and an equal amount of practical experience. At first glance it would seem that this curriculum does not give so full a training in fundamentals as is given elsewhere. This inference, however, has been found wholly unwarranted, because in the twenty-seven months of industrial work, the student gets a vast amount of practical knowledge, which is given in other schools in information courses, and because the close coördination with practice makes the theory more intelligible and significant to the students.

Correlation as Applied to Nursing.—Realizing the importance of correlation in other types of education, we cannot fail to appreciate its value in the education of the nurse, as the responsibilities on the practical side of her education, where she is almost from the beginning dealing with human life itself, are far greater than in any other scheme of education. Much is to be said in regard to each subject taught in nursing schools and in what important ways the close relationship between theory and practice should be brought out, but time will not permit the consideration of subjects individually.

It is exceedingly important, all through the course of training, to stimulate interest in the applied sciences that form the foundation for the principles of nursing, and to give every nurse graduating from our schools that sound body of theory which will enable her to control and vary her own technique in nursing to meet the changing needs of a constantly growing profession. But it is in the teaching of practical nursing that the greatest opportunity is presented to bring together and apply all the knowledge gained in the study of the sciences, thus helping the student to grasp and carry out the principles that make for good nursing.

During the preliminary course, ample class room practice under close supervision should be provided until efficiency in all the elementary nursing procedures has been attained. The technique of these methods should be standardized; and time should not be spent in the practice of elaborations of nursing procedures that cannot be carried out effectively in the actual daily practice on the busy hospital wards. It is useless to have theoretical standards if one is constantly in association with influences that pull them down. To facilitate the teaching and especially to make the practical work easier for the student nurse, she should not be requested to perform any duty on the ward until she has had adequate practice in the class room; and then only under close supervision; in this way it is much less difficult for her to make necessary adjustments under often very trying conditions. For the purpose of making the class room practice as real as possible the proper equipment must be provided. Thus habits of technique once formed in the class room would readily carry over to the duties to be met in the real laboratory—the hospital ward. It is further beneficial for students to alternate in acting as patients in the class room. Much valuable knowledge and sympathy can thus be acquired. Self criticism should be encouraged until proficiency and speed have been attained, combined, of course, at all times, with due consideration for the patients' mental and physical condition. Nursing procedures that cannot be effectively demonstrated in the class room should always be performed on a patient who at the time requires the treatment in question.

The instructors of practical nursing in our best schools spend a great deal of their time in following up closely the first practical attempts of the students in the ward; but just as soon as the preliminary course is completed the young student is plunged into greater responsibilities, being sometimes alone on the ward, or even put on night duty, and very often without adequate help from those who are best qualified to give it.

At this stage especially and also through the intermediate and senior period, we owe our students the right kind of supervision. A few schools have projected tentative plans for accomplishing this. In all cases, the solution of the problem seems to lie in the provision of a closer, more effective and inspiring kind of supervision that will intelligently interrelate theory and practice for the benefit of the patient, the nurse, and the hospital.

The problem confronts us as to how this can possibly be done at present, when the supervisors often have administrative duties to occupy most of their time. The consensus of opinion of those with whom I have conferred regarding this matter is that we shall have to provide in addition to our regular supervisors another group that will not have administrative duties to perform. In order to prevent a conflict in terms, let us call this special type of supervisor, "teaching-supervisor," as her principal function is the bringing together of nursing principles and technique in the daily care of the patient. Her chief post would be on the hospital wards and not in the class room or an office. Her major interest would be the education of the student nurse, including the responsibility of checking up the practical work of the students and giving them whatever aid they need in the adaptation to new surroundings, in the acquisition of knowledge and skill, as well as in the formation of habits of keen observation, thoroughness and punctuality. From time to time the so-called "practice and theory coördination classes" could be conducted, at which all instructors and teaching supervisors should be present. By this means they would be helped to find out just where they fall short in their teaching. Being thoroughly acquainted with the clinical opportunities on the wards, the teaching supervisors could systematically select, with the aid of the head nurses, special cases for clinics, to be either conducted on the ward or in a suitable room set aside for that purpose. Clinics should be given in conjunction with the courses in elementary pathology and *materia medica* which would illustrate the information received in the class room; likewise in the courses of medical, surgical and children's diseases as well as all the specialties included in the curriculum. To clarify the theoretical side, it is of great importance to make use of all the clinical material available. All nursing procedures pertaining to the special courses should be taught by the supervisor who is most intimately connected with the special service in question and who can attend both lectures and clinics dealing with the particular course, primarily for the purpose of better coördination of subject matter. Wherever possible the nurse should be assigned at least for part of the allotted time to the special services coinciding with her class room instruction. Through this closer type of

supervision, with the cooperation of the head nurse, it will be possible to see that every student in the school is getting an adequate amount of real nursing opportunity sufficient to acquire efficiency in technique and to develop better powers of reasoning.

One of the most difficult tasks of the teaching supervisors is to closely inspect, and perhaps criticize, the practical work which is done by the individual student nurse. As the fundamental purpose of any kind of supervision is to increase the efficiency of all who participate in the work, criticism must be of constructive value. There are supervisors whose criticism is purely negative; they come into the wards, observe the general appearance and exact position of the patients' beds, the bedside tables, the height of the shades, and the condition of the utility rooms. They remark, either at the time or later, that the work was good or that it was poor, without ever having stopped to consider the kind of nursing care that the patients are getting, or the amount of instruction and help the student nurses are obtaining from their head nurses. It does not help one much except in a feeling of good will toward the supervisor, when told that work is well done, nor is it very significant for future work that one's efforts have been condemned. When the supervisor gives this type of criticism, she is not really helping the student nurse. If excellent work is to be repeated, then the elements that have made for success should be pointed out; on the other hand, in case of inefficient work, the criticism given should always be of a constructive nature. Any student or graduate should welcome the criticism which frankly points out the deficiencies of her work and suggests the remedies which should be applied. We all want to do our best work, but we do not always see our own efforts in the true prospective. If the supervisor earnestly seeks to help both students and graduate nurses, she will find at all times that she is a most welcome visitor in the wards. She can readily judge her success in supervision by checking up just how often her own advice is voluntarily sought by those in her charge.

In conclusion, let us strive for a desire for closer cooperation of all those who are able to contribute in any capacity to the professional development of the students in our schools of nursing. It is only through the enlistment of all our forces, united with the spirit of true fellowship, that we can hope to interrelate and combine those elements that make for success in our profession.

DEPARTMENT OF RED CROSS NURSING

IN CHARGE OF

CLARA D. NOYES, R.N.

Director, Department of Nursing

EXPANSION OF RED CROSS PUBLIC HEALTH NURSING

Red Cross Public Health Nursing Services have increased from 155 to 817. Red Cross public health nurses in active service have increased from 162 to 908. Scholarships have been awarded by the Red Cross to prepare graduate nurses for public health nursing. Boards of Health of thirty-five states have entered into definite working agreements with the Red Cross for the promotion of public health nursing. In some cases the state tuberculosis associations share in these agreements. In a majority of the remaining states, agreements are about to be reached.

In one community, alone, 193 operations were performed upon children for the removal of adenoids and tonsils, through the initiative of a Red Cross Chapter, and its public health nurse.

Not only has the Red Cross carried the idea of rural nursing to the most remote spots in the country, but it has proved the project to be a practical, definite and workable service for alleviating suffering. Public officials and private citizens convinced by the results already obtained are looking upon public health nursing as an indispensable public service and as the solution of the community problems that concern national life. With their coöperation the Red Cross increased the number of its public health services from 155 to 817. These figures prove the demand for further development of the work and the interest manifested in it to be genuine.

These 800 nurses added to the Public Health Service field staff is significant of an awakening consciousness to the need for better protection as the result of draft disclosures, influenza epidemics, and the work of the Children's Bureau. To know the resources of her community and state, and to carry on her work that she may enlist active interest and support of public officials and her local chapter is the endeavor of the public health nurse.

As an excellent example of what may be accomplished through the coöperation of the assembled agencies of the state and the American Red Cross, a remarkable piece of work was recently done in a New England town.

Through the initiative of the Red Cross, a public health nurse, and the coöperation of the local doctors, six clinics for the removal of

tonsils and adenoids were held and 193 operations were performed in one week. A throat specialist was brought from the city to supervise the work. At the period of maximum efficiency, the operating team consisted of a surgeon, a surgeon's assistant, three nurses, and four anaesthetists.

A former church belonging to the local school department and used for courses in manual training, cooking and for courses in public lectures, was transformed into a temporary hospital. The main room became a large ward for recovery, provided with cots and blankets and many screens to afford semi-private rooms. The adjacent cooking room was transformed into an etherizing and operating room. The building was the local school board's contribution to "better health" while the equipment, including cots, blankets, etc., were provided by the state as its seal of approval. The local Department of Education also lent class rooms in the high school across the street to afford waiting rooms for those about to be operated upon, for the parents who wished to be at hand when their child came out of ether, and for the workers. The Red Cross Chapter provided a free canteen and served meals. Volunteer automobile service under the auspices of the Red Cross returned the patients to their homes.

Advantage of these clinics was taken by all classes of the community. The clinics were organized with the co-operation of the local physicians on the plan of assigning the charge of a given clinic to a given physician who should then fill it with his patients, so far as possible, being assisted by other physicians. This enterprise was undertaken by the Red Cross on the basis of results formerly obtained by the examination of some 1200 children in the public and parochial schools by the public health officer and the public health nurse. About 400 operable cases were discovered. All the resources of the chapter and of the medical and nursing professions of the community were used in making this clinic a success. It will go down in the history of the town and chapter as a great public benefaction.

JOYS AND PRIVATIONS OF THE PUBLIC HEALTH NURSE IN WINTER

Some of the thrills, privations and joys of the Red Cross public health nurse in winter are graphically sketched in the diary of Marjorie House, the public health nurse for Stephenson County, Ill. Miss House's description of a tour with the Farmers' Institute throws interesting side lights on what may be accomplished by the harmonious co-operation of the American Red Cross Public Health Service and the extension of the U. S. Department of Agriculture.

A year ago I jaunted through the county with the Farmers' Institute, doing my share of the speaking, but when asked to go this year, I reluctantly refused because of other work especially pressing.

Just as I was about to leave my office on a county school trip, I was called on the phone by the institute manager who excitedly informed me that the woman from Chicago, who had been engaged to lecture, had fallen ill. "So," said he, "you must take the noon train for Noris, take charge of the woman's meeting at 1:30 o'clock, and speak at the general meeting this evening. Of course, you won't leave us in the lurch, and we will expect you to stay with us the whole week."

I felt the hand of the angel who guides my work,—or tried to. Therefore, after a rushing time in the office, getting the couldn't-be-left-overs done, I found myself on the train concentrating on some notes to be used in my speech for the afternoon meeting. Suddenly the conductor woke me to consciousness with a deep "Madam, this is Noris." Grabbing my impediments I made a tumbling exit from the train into the very arms of my receiving committee. A stiff breeze, whipping by just then, caught my precious notes and flew to space unknown with them. I let them go and tried to look happy while I pulled down my hat, capped my fountain pen, and explained to the wondering committee that I was not the "lady from Chicago."

One-thirty found the women assembled in one room in the town hall while the men retired to another part of the building to consult on ventilation and diet for cattle, and the eugenics of hog raising. Standing before these women I found only a few vague half-awakened ideas at first. However, they were my own people, this crowd of farmers' wives and all splendid women. I knew them and they knew me. So, with a short talk to give impetus to the dozens of questions and remarks which followed, we had a lively two hours, discussing social hygiene, the problems of venereal disease, and why and how to tell children the story of life.

Early the next morning, while it was still twelve below zero, we bob-sledded over the crisp snow to our next town, just six miles away. There our accommodations were the grubby little hotel and the dreary, barn-like town hall, of which two the latter was much more to be desired. The program was similar to that of the day before,—even as to the questions asked. The children had heard that their school nurse was coming to talk that night and felt it their duty to support her. As a consequence, every seat was filled and standing room was occupied to overflowing. An amusing picture was presented by the fringe of children's legs dangling from the platform.

After a melancholy night, with smokey lamps and no heat, in our odorous hotel bedroom, we took the six o'clock train in the morning to our next all day "stand." This day was colder and the roads here were more blocked with snow, making the attendance small. But as usually happens in small gatherings, formality vanished and the interest became more active and individual. The woman's meeting was especially successful, though only twelve were present. Definite plans were discussed for making the community safer and cleaner for boys and girls. Delegates from this meeting went to the churches, societies, and schools, and started a vigorous purity campaign which is bringing forth most gratifying results.

But the fifth and last day—it was wonderful. In the smallest town of all we had the largest crowds and the loudest enthusiasm. The evening found the hall jammed and packed. The proverbial country stove glowed red hot, but the windows remained nailed shut, tight for the rest of the winter. It was only after much cajoling that we succeeded in having two windows pried open, one on either side of the platform, so that the audience would not feel the air! The speakers had cold feet that evening but they kept it to themselves!

It was at the close of my talk, when the "Institute Troop" was feeling decidedly tongue weary and ready for bed, that someone in the audience unhappily remembered that the nurse told stories, and asked for one. There were encores and other requests. Not until an hour later, at ten-thirty, when dismissal was fairly thrust upon it, would the crowd take its departure.

Three weary "troopers" then waded through the dark and snow to the home which entertained them, only to be further entertained by family photographs, including all the relatives, the animals, and the real estate; then came pie—and mince, too; and then the complete repertoire of "pieces" which the daughter of the house had learned to pound out on the piano. It was one o'clock before we had been initiated to all the family prizes and were permitted to go to bed. I had a stove pipe going up through my room, the others had none. It was seventeen below zero that night and their blankets were thin. They basked in the memory of how warm they had been that evening on the platform when only their feet were cold!

The next morning found us bob-sledding back to civilization. The roads were impassable and the bumpy track wandered through hill and dale. We sat on the floor of the sled and braced our spines against the side. Stiff winds blew our noses scarlet but after jolting eleven miles, we arrived at the desolate station designated only by a milk can on the platform, and a name. After waiting almost a half hour, unsheltered and at the mercy of Boreas, the train arrived and the remainder of the journey was supremely happy and uneventful.

At my office the next morning, work was piled up and clamoring, but I know that the angel who guides my work—or tried to—knows better than I where the work is most needed.

CLASSES IN HOME HYGIENE PROVE A MEDIUM FOR RECRUITING STUDENT NURSES

Red Cross Classes in Home Hygiene and Care of the Sick are proving a productive medium for interesting young women in nursing as a profession.

According to a recent report from the Bureau of Instruction of the Lake Division, the following number of girls from the states included in the Lake Division, and the training schools they entered are listed: Indiana, two, Jewish Hospital, Louisville, Ky.; Kentucky, one each, Good Samaritan Hospital, Cincinnati, O., Jewish Hospital, Louisville, Ky., Good Samaritan Hospital, Lexington, Ky.; Ohio, one each, Canton Hospital, Canton, O., Flower Hospital, Toledo, O., Robinwood Hospital, Toledo, O.

The classes conducted under the auspices of the Red Cross at the Chautauqua Institute the past summer also proved a resourceful means of recruiting student nurses. Nineteen pupils received certificates and four have filed applications for entrance to nurses' training schools.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
EDNA L. FOLEY, R.N.

PENNSYLVANIA.—From Emily Henry, industrial nurse of the Bethlehem Steel Company, comes the following interesting description of industrial team work:

"To first see the small things the large things will take care of themselves." This is the fundamental basis of the First Aid Workers in the large industry of the Bethlehem Steel Company Plants.

Men in every department of this industry are yearly instructed in welfare work as well as being instructed in properly rendering first aid to fellow workmen, when injured, and to be ever on the alert where danger may exist, to warn them of such danger. The first aid instruction runs a course as follows: how to check hemorrhage, care of open injuries to prevent infection, handling all fractures, prevention of shock and other treatment necessary before moving a man from the place where he was injured to the dispensary. It has been found that by these means the percentage of serious injuries has been reduced to a minimum and the infections prevented, allowing a man more time to devote to his work, therefore making a better livelihood.

Eight men in each department of the plant constitute a team. This team is kept alive and active by appointing new men each year, thus continually growing and spreading with new life. Their interest is always encouraged by the president of the company; the superintendents of various departments, who come under the direct supervision of the surgeon-in-chief, keep it ever circulating.

The safety engineers who are from the best universities carry on the work in detail. These instructors make their rounds daily through the shops and mills, devising means to make the shops safe for the men, pointing out how accidents can be avoided, all of which tend to better conditions for the employees in a hazardous iron plant.

For the advantage of the general public, the First Aid team workers give a meet annually to illustrate their ability to render proper aid. Competitors are inspired by generous prizes, the best team winning, making it all a worth while and great thing to work for the best cause, humanity.

MICHIGAN.—The State Public Health Nurses of Michigan held so successful a conference last month that other state nurses may profit thereby.

The installation of the seventh bureau of the Michigan Department of Health, a Bureau of Child Hygiene and Public Health Nursing, with Harriet Leck, formerly superintendent of nurses at Grace Hospital, Detroit, as its director, was held October 20 and 21, in conjunction with the first assembly of public health and visiting nurses ever called in Michigan. More than one hundred nurses from nearly every county in the state were in attendance, meetings being held in the House of Representatives of the capitol building.

Formation of the new bureau now enables the Department of Health to cover every public health field in Michigan, there being bureaus of sanitary engineering, laboratories, communicable disease, venereal disease, education, embalming, child hygiene, and public health nursing. The new bureau will serve to unify Michigan's child hygiene and public health nursing programs, working as it will in coöperation with the Red Cross and the Anti-tuberculosis Association. In fact, the conference of nurses was arranged by Dr. R. M. Olin, state health commissioner, Elizabeth Parker, executive secretary of the Michigan Anti-tuberculosis Association, and I. Malinde Havey, Michigan Red Cross field worker.

Delegates to the convention were instructed in the making of public health posters and viewed various demonstrations at the Lansing Health Center, such as the inspection of rural school children; they were shown movies relating to public health and visiting nursing problems, and were conducted through the various divisions of the Michigan Department of Health, the heads of the bureaus explaining just what services county nurses could demand from the department.

Dr. Olin presided at the opening session, telling the nurses of the Department's proposed plan to have a full-time, qualified medical officer as a health officer in each of the 83 counties of the state. Marjorie Delavan, director of the Bureau of Education, spoke on The Value of Education and Publicity. Dr. C. C. Young, director of laboratories, told of The Relation of State Laboratories to Public Health. After each talk there was allotted time for discussion.

During the afternoon of the first day, Elizabeth Parker told of the anti-tuberculosis societies in the state and the general program of the Michigan Anti-tuberculosis Association. Dr. William J. V. Deacon, director of the Bureau of Communicable Disease, spoke on How the Nursing Profession Can Cut Down the Incidence of Communicable Diseases. Mable Rogers, state director of the Health Crusade, explained How Michigan School Children Are Learning to Play the Game of Correct Living; and Dr. E. R. Vandervelde, of the U. S. Public Health Service, chose as his subject, Coöperation of the Nurse with the U. S. Public Health Service. The evening session heard Barbara H. Bartlett, director of Public Health Nursing of the University of Michigan, enumerate, in what was considered one of the most inspirational lectures ever given on public health nursing, the qualities of the ideal public health nurse. Dora Stockman, head lecturer of the State Grange, spoke on Rural Health.

Health Centers was the topic discussed on Thursday morning by Marie T. Phelan, assistant director of the department of nursing of the Central Division of the American Red Cross. The Red Cross

Nutritional Program was explained by Nina Streeter, of the Central Division of the Red Cross, while in the afternoon, Harriet Leck made a report on the St. Louis Conference of the American Child Hygiene Association; Mary C. Trafford, Kalamazoo County nurse, talked on County Organization; Elma Bergey, Kent County nurse, on Dental Clinics; and Kathrine Johnston of Infant Feeding Clinic, Grand Rapids, on Nutrition Work with Children of Pre-School Age.

Before adjourning the delegates unanimously passed the following resolutions:

That we offer our services to the United States Public Health Department through the State Director of Child Hygiene and Public Health Nursing for the purpose of reaching disabled ex-service men and women.

That we recommend to the American Legion of the State of Michigan that in order to meet the present emergency in caring for tuberculous ex-service men and women, immediate efforts be made to increase the bed capacity of the already existing sanatoria.

That we support the State Commissioner of Health in securing a law to establish a full-time qualified medical health officer for each county in Michigan, and be it further resolved that we support and coöperate with the present plans of the Bureau of Child Hygiene and Public Health nursing of the State Department of Health.

That this conference has been of great value to the public health nurses of Michigan and we would therefore respectfully request that the State Department of Health arrange for frequent state and district meetings and we would suggest that the districts of the State Nurses' Association be used as the unit wherever possible.

That while continuing to support and coöperate with the Public Health Section of the Michigan State Nurses' Association but, whereas, the Public Health Nurses of the State realize the benefits to be derived from contact with those of the medical profession who are interested in Public Health and members of the Michigan State Public Health Association, we respectfully request that a section on Public Health Nursing be created in the Michigan State Public Health Association.

FIRST INSTITUTE FOR INDUSTRIAL NURSES

An institute for industrial nurses, the first of its kind, was held this fall at the New Haven School for Public Health Nursing. The varied industries represented and the discussions of the nurses brought out very clearly the fact that, while no fixed rules can be worked out to fit all places, it is possible to state definitely the fundamental principles of industrial nursing. The program lasted ten days and included lectures and round tables on Public Health Nursing, Industrial Nursing, Industrial Hygiene, Industrial Diseases, Records, Ethics of Industrial Nursing and Medicine, Industrial Relations, Social Problems, Industrial Psychology, Nutrition, Health Education, as well as excursions to manufacturing plants. Four periods were given over to lectures on recreation and other methods for counteracting industrial monotony. Play demonstrations were given and every one joined in folk dancing and simple games. The interest of employers was shown by the fact that many nurses attended at the expense of their firms.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

THE STUDENT NURSE¹
BY AMY M. HILLIARD, R.N.

Although we hear much to the contrary, the student nurse is still to be found in hospitals,—to be sure, she is more in evidence in some than in others, but the more she is in evidence the more popular that hospital usually is with the public, for we cannot disguise the fact that no other factor has contributed to anything like the extent to which she has, in making the hospital a place to be sought rather than shunned.

With the advances in surgery, medicine, bacteriology and hygiene, it has become absolutely impossible to minister to the sick in hospitals without the physician's assistant, the nurse. The procedures necessary in the sick room, the clinic, and the operating room can no longer be delegated to other than intelligent, well educated students or graduate nurses.

As the average hospital rates are inadequate to cover not only the ordinary hotel charges, but the cost of medication, surgical and medical supplies, and nursing care, it goes without saying that they can command the exclusive service of graduate nurses, only by more than doubling their rates. Hospitals that are failing to attract students in sufficient numbers are closing their wards. They are, therefore, dependent on the student nurse for the most necessary function of the hospital,—the actual physical care of the patient.

In my opinion there is only one remedy for a shortage of students in any school of nursing. Make that school like other educational institutions. Appoint as principal an educated woman with the necessary experience to enable her to cope with a twofold situation: (a) The school of nursing, (b) The nursing care of hospital patients.

She must be given sufficient financial backing to enable her to select competent assistants and to provide adequate teaching facilities. Her first assistant, the instructor, must have the preparation for teaching required of any other teacher and in addition she must be able by her personality to win the enthusiastic interest of her students and by her observation and supervision to correlate their work

¹ Address given at the meeting of the New York State League of Nursing Education, October 26, 1920.

in the class room with that on the wards. An instructor who fails to carefully follow the practical work of her students loses her greatest opportunity for teaching, for practical nursing is the major subject and to practical nursing should be given the greatest thought.

All students in schools of nursing love the nursing procedures. I really think it is quite human to want to learn to use one's hands effectively and deftly, and the instructor who can apply the theoretical course in such a way as to bring out in the student the keenest interest in her practical work is the one who will be the greatest success, as nursing, whether in the hospital or in any of the avenues of public health, is an intensely practical subject.

The work of the supervising nurses is of almost equal importance to the student with that of the instructor. There is little value in teaching theory and practice in the class room and failing to provide adequate and intelligent supervision for the remainder of the student's course in the school.

One of the most effective means of arousing the interest and of gaining the support of a supervising staff is to make it part of the teaching staff of the school. All supervisors should assist with the actual teaching; the surgical supervisor should be prepared to teach the surgical technique of operating rooms; the medical supervisor to teach medical nursing procedures; the supervisors of special departments to teach the nursing procedures incident to the specialties. Weekly or even monthly councils of the entire teaching staff will go far toward bringing out in the supervising nurses their sense of responsibility for seeing to it that the student not only has correlated supervision during the first three or six months of her course, but that close teaching supervision will be continued until the very end of her training.

It is an absolute waste of time to teach students a nursing procedure in any other way than that in which it is possible to carry it out on the ward. It would leave too much to their judgment and would result in many irregularities of practice. The thermometer, hypodermic or treatment tray of the class room should have an exact duplicate on every ward in the hospital. Students should be taught the simplest and best nursing methods in the class room, and by supervision, these methods should be rigidly carried out on the wards.

Every school of nursing is in honor bound to give a full course of nursing to each of its students. When any clinical material is lacking, affiliation should be made to obtain it. Affiliations are neither new nor are they a hardship. All the large schools of nursing of New York City except Bellevue have affiliated for obstetrics since their very organization. This was not because it was necessary in order to secure

registration, but because it was intelligent and fair to their students. No student should be allowed to graduate without a thorough knowledge of the care of sick children, of the care of the eye, ear, nose and throat and of mental diseases. This is due not only the student, but the public as well. Every graduate nurse should have a good practical knowledge of the care of all the illnesses with which the community is likely to be afflicted. How else can she act intelligently in the district, the school, the factory, or the home?

The student nurse has been the greatest human factor in transforming hospitals from pest houses to places eagerly sought by all classes of those mentally or physically ill to-day, and she is, therefore, the greatest humanitarian of the last fifty years. Where others have given money or thought or occasional supervision, she has given from two to three of the best years of her life. She has not only striven to master underlying principles of the care of the sick, but she has given that care even to its most repugnant details. Her success is evidenced by the demand for her service.

I have emphasized the educational side of the work, as I consider it to be the most important factor in attracting students, as it is in any other school, but the hospital must also provide comfortable living conditions and recreational activities.

The time has come when there should be practical coöperation between schools of nursing and other schools for young women in the same vicinity. If students may major in nursing in some few colleges, why should they not also major in nursing in Sage College of Troy, in the University of Rochester, in Union College, Schenectady, and others in their vicinity? There has never been a time when greater numbers of young women have been seeking higher educational advantages. In Troy we have about one thousand young women students registered in two private schools. I can see no reason why many of these students should not major in nursing as well as in any other subject, if the work were presented to them in a truly educational light, and if the same consideration were given to nursing as a preparation for a professional career as has been given to domestic science and to other really less important fields of work.

The school of nursing and the college should both coöperate to the end that the students will not need to spend additional time in order to get a degree. Administrators of schools of nursing will do well to give this fact earnest consideration when experiencing difficulty in recruiting students. The student nurse has given freely of her time, of her intelligence, and of her very self. In recognition of such service and of the great need for her in every avenue of public health, I ask that she be given in her course of instruction every opportunity for her fullest development.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

EFFECTS ON TEMPERATURE OF HEAT AND COLD.—Experiments reported in the *Lancet* show that heat above 15° C. over one-fourth the surface of the abdomen may cause a change of temperature discernible in the abdominal viscera for about 75 mm deep, laterally for less than 20 mm. The effects of cold are equally definite in an opposite direction.

NEURALGIA PAINS FROM FLATUS.—In a quotation from *Archives des Maladies de l'Appareil Digestif* it is stated that pain at a distance from the intestine may still be due to flatus. The colon at the hepatic or splenic bend is extremely sensitive and distension from flatus causes a train of distant painful sensations which from their position may simulate pleural, liver or other disease particularly sciatica. The absence of fever may be the only clue to exclude disease of the liver. These patients are benefited by treatment to reduce the irritability of the intestines, especially at the head of the colon.

INEFFECTIVE PROTECTION.—*The Journal of the Missouri State Medical Association* suggests that the use of a "germicidal" soap that does not kill the germs which might have been removed by thorough cleansing with common soap and water, is futile. There is a danger, too, in the exposure to infection which may come through the removal of protecting mucus by the persistent use of mouth washes and gargles.

THE RUBBER GLOVE.—*The Journal of the American Medical Association* reports Dr. Robert F. Morris as saying that the rubber glove represents one of the best advances of surgery in general. It interferes with the sense of touch in some kinds of work. It is not necessary in abdominal work if the hands are well prepared. It requires a longer incision which is undesirable.

A GIFT TO JAPAN.—The French government has presented Japan with an automobile surgical hospital of 100 beds and with a surgical pavillion fully equipped. Airships for the transport of the wounded are to be added.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

A SUGGESTION

Dear Editor: I wish each state association would ask every subscriber to get two new subscriptions before January first. This would make a good showing and might be asked as a memorial to Miss Palmer.

Illinois

H. F.

PUBLIC HEALTH VERSUS PRIVATE DUTY

Dear Editor: I am a young graduate of one of our respectable Brooklyn hospitals. Before I graduated my classmates and I often used to discuss our future work. Not for one minute did we agree upon doing any other work but community work, so that we might serve many instead of giving our time and service to one individual. Many a dull minute was relieved by the bright thought of being useful and doing the work we love dearly for the benefit of those who need us most; namely, the poor, but when we stopped dreaming and came down to earth by coming in actual contact with life, we noticed after leaving the hospital that life is not as simple as it is in the hospital. When one notices the importance of three meals a day, a room to live in, and clothes, one can readily see that twenty-five dollars a week is an inadequate sum to live on. Therefore, I would like to have Dr. Pfeiffer explain how he can consider us as profiteers when we demand of society only enough to live on. Judging from what I could learn from my sister workers, none of them are anxious to do private duty. We would rather do what is best for the majority; namely, district, social, or visiting nursing. In return for this we want a decent wage. I do not have to describe the danger of contracting disease which the nurse must encounter. In case of illness, who would care for her? I hope that my letter will not pass unnoticed by those who do not try to learn more about the nurses' economic conditions.

New York

S. M.

THE STATUS OF THE NURSE

Dear Editor: Does the public want gentlewomen in the nursing profession? Whose fault is it that a nurse is treated as an upper domestic in many New York homes? Ten years ago I would have laughed at the idea of any patient expecting me to partake of the food served to her domestics, or to have my meals served at a different hour from that for the members of the family. Now in some homes any other arrangement is apparently not to be considered. It is true that one will sometimes arrive on a case to find the other nurse on duty far from cultured, to find grammatical errors on her charts, and that she is obviously a woman who would feel much more comfortable socially with the servants than with the family, but why should the gentlewoman, because she has embraced the same profession, be placed automatically in the same class, be treated by the servants as though she were one of them, and, in short, be made perfectly miserable? The life on the case is the nurse's only life for the moment. Twelve long hours out of the twenty-four she is in that atmosphere, an intolerable atmosphere to a sensitive woman. Are the women of good breeding to step aside and let private nursing

fall into the hands of trained domestics or can they insist upon proper treatment in the homes of their patients and be sure of backing by their doctors and registries? Until this question is settled, is it right or fair to receive young women from refined homes, girls of good birth and breeding, into the training schools without explaining to them what they may expect after they graduate?

New York

E. S.

ARMY STUDENTS

Dear Editor: In response to the letter published in the November JOURNAL I, as a student in the Army School of Nursing, desire to express my view and what I know to be the views of many of the Army students in regard to the allowance. The announcement which we all received before entering, stated very clearly the allowance given by the school, and the provision made for affiliations. The Army has provided generous allowance, which is sufficient spending money for any normal girl. That allowance has been increased during the past few months. As for allowance during affiliation, it was an understood fact that we would be given whatever allowance the hospital provided for its own students. The Army students are given exceptional opportunities for special training in the various branches of nursing, and the majority appreciate, not only the experience in Army hospitals, but also the excellent training which has been provided in civilian hospitals. I feel sorry that such an article should have been written, because I feel sure it expresses the opinion of only a very small group of Army students, and not that of the majority.

New York City

H. A. K.

ARRANGEMENT OF HOURS OF DUTY FOR TWO NURSES

I.

Dear Editor: Regarding the arrangement of hours of duty when there is more than one nurse on a case, I think, judging from my personal experience, that it is a question which can best be settled between the nurses. The doctors, as a rule, do not interfere and seem better pleased if they do not have to do so. Of course, occasionally it happens that the hours chosen are not convenient for the household, and then we try to coöperate by changing them to more convenient ones.

New York

A. D.

II.

Dear Editor: Regarding the question of who should arrange the hours off duty, I should like to say, in my six years' experience I have found that, when there are two of us on a case, we arrange our hours to suit our own convenience, as the patient does not have to be left in the care of any member of the household. When there is only one nurse on the case, I think only the family need be consulted, as, of course, one of them will have to take the place of the nurse while she is off duty, so it is much more considerate and kind to find out when one member of the household can best sit with the patient. In no case is it wise to trouble the patient. He is sick in mind as well as in body and it is never wise to trouble him with petty affairs. Neither do I like to trouble the attending physician. It is usually immaterial to him when the nurse is off duty. However, I always try to be on duty when he calls and if he is ever late, I leave word to be called as soon as he arrives. Of course, that applies only when there is one nurse on the case. When there are two or more, naturally one nurse is always on duty.

Alabama

G. W. P.

A COMPARISON OF SALARIES

Dear Editor: "At a time when a general unrest seems to affect the nursing profession and those who are laboring for higher ideals are somewhat discouraged, there may be found a message in the following quotation from the letter of a Government pioneer nurse: 'The transition from pay at \$30.00 per month, 16 cents ration, expenses for laundry, and twelve-hour duty daily, to \$72.00 pay per month, liberal subsistence, comfortable quarters, paid laundry expense, and less than eight hours daily duty, marks some progress. When I hear nurses complaining, I am apt to lose all patience and to question, are you sufficiently concerned with what you give to the Government which repays you liberally?' " The above quotation from the official report of the Navy Nurse Corps in the November JOURNAL, moves me to inquire whether the writer has estimated, with paper and pencil, considering the present cost of living, the mere expense of dress, simple but suitable, for a professional woman; subscription to at least one nursing magazine; attendance at an occasional convention; alumnae association membership; maintenance of a life insurance policy, or a sick benefit fund; now and then a new text book; providing for a needed postgraduate course; and the thousand and one expenses incumbent on any progressive individual of to-day? Has she considered that more demands are made on the nurse of to-day than on one fifteen or twenty years ago, as the case may be? Has she compared the scale of remuneration paid the Navy nurse with that of the hospital corpsman who is a student? The hospital apprentice enlists as second class, at \$48 a month, with quarters and subsistence. At the end of six months, upon passing an examination, he receives \$60 a month, with the rate of first class. In another three months, he may "make" pharmacist mate, third class, at \$72 a month; in six more months, second class pharmacist mate at \$84 a month; in another nine months, \$96 a month, and at the end of the twenty-fifth month, he may "go up" for chief pharmacist mate at the pay of \$126 a month, after which promotion is open to him in the commissioned officer class. Has this nurse compared the scale of remuneration paid the military nurse with that of the civilian, domestic employee of the naval hospitals? The maid receives from \$62 to \$80 a month, with quarters and subsistence; the dietitian receives as high as \$125 a month, with quarters and subsistence, and the nurse receives \$72 a month, with quarters and subsistence,—maid and dietitian and nurse all being allowed one month's leave of absence in twelve, with pay. The pay of the chief nurse, whose duties and position are similar to that of a superintendent of nurses in a civilian hospital, receives \$30 more a month than does the staff nurse. The query arises as to whether the superintendent of the Navy Nurse Corps concurs with the opinion of the "Government pioneer" nurse, as this aforesaid extract is quoted in the official report of the Navy Nurse Corps. Yes, the high spirit of service and the ideals of nursing are those irresistible forces which impelled us to become nurses, but to maintain those ideals and the dignity of the profession is also incumbent on us. It might even be suggested that we do not stop with our own profession, but that we have a responsibility to the woman's standard at large. We are valued by the public, largely, by the price we put upon ourselves. Have we put so low a price that our government rates our services with, or below, the unskilled laborer? Is this the reason our beloved country has been so reluctant in giving us official recognition? Like the men of the country, we entered the service, leaving, in most cases, remunerative positions, for the good of mankind, making no demand for rank or for increased pay, firmly believing that we would be taken care of quite as well or better than

any other nurses in the war. What we have, was fought for, and largely by disinterested people. The standard the nurse in the government employ maintains is the standard the government places on the nursing profession of the country. Let us not be so meek and uncomplaining, individually, especially if we have a private income, that we lose sight of the good of the whole; but stand for the recognition of the merits of the professional woman. No one is ignorant of the fact that, no matter what our professional ideals may be, the worldly estimate is, on a large scale, a monetary one. We cannot afford to underbid the domestic if we are not prepared to fulfill our contracts.

EX-U. S. N. NURSE.

TOO LATE FOR CLASSIFICATION
BY-LAWS FOR PRIVATE DUTY SECTIONS

Nurses forming private duty sections of state or district associations, who wish a model form of by-laws for a guide, will find such a form on page 987 of the Journal for August, 1918. This is the form which was adopted by the Private Duty Section of the American Nurses' Association, and it can be very well adapted to the needs of other sections. Nurses who have not a file of the Journal at hand may obtain a copy of this model form by sending ten cents (the cost of making a copy) to the Journal.

PUBLIC HEALTH COURSE IN MINNEAPOLIS

The second course in Public Health Nursing being given by the University of Minnesota, will begin on January 4 and will continue for four months. New students are admitted at this time or those who have taken the first four months' training, continue their studies. A four years' high school course is a prerequisite for admission. Both graduate nurses and senior students are admitted. Louise M. Powell is superintendent of the School of Nursing.

A RESEARCH INFORMATION BUREAU

The National Research Council has established a Research Information Service as a general clearing-house and informational bureau for scientific and industrial research. This "Service" on request supplies information concerning research problems, progress, laboratories, equipment, methods, publications, personnel, funds, etc. Ordinarily inquiries are answered without charge. When this is impossible because of unusual difficulty in securing information, the inquirer is notified and supplied with an estimate of cost. Requests for information should be addressed, Research Information Service, National Research Council, 1701 Massachusetts Avenue, Washington, D. C.

NURSING NEWS AND ANNOUNCEMENTS

News items must be received at the JOURNAL office by the 15th of the month in order to ensure publication in the JOURNAL of the following month.

NURSES' RELIEF FUND, REPORT FOR OCTOBER, 1920

Receipts

Previously acknowledged -----	\$5,782.02
Interest on bonds -----	20.00
Interest on legacy -----	53.78
Interest on Fourth Liberty Loan -----	21.25
Liberty Loan coupons -----	2.00
Arkansas: St. Vincent's Al. Assn., Little Rock -----	25.00
California: San Francisco County Relief Fund Drive, \$242.43; other contributions through Mrs. Janette F. Peterson, \$57.57 -----	300.00
Colorado: Agnes M. Paulsen, Denver, \$1; E. Luella Morrison, \$2 -----	3.00
Georgia: State Nurses' Association -----	17.00
Illinois: Fifth District Assn., \$10.00; Philip Sheridan Post 321, Fort Sheridan, \$50 -----	60.00
Indiana: Indianapolis City Hospital Al. Assn., \$47; Deaconess Hospital Al. Assn., Indianapolis, \$52; Joseph Eastman Hospital Al. Assn., Indianapolis, \$15; Methodist Hospital Al. Assn., Indianapolis, \$84; St. Vincent's Hospital Al. Assn., Indianapolis, \$75; Fletcher Sanitarium Hospital Al. Assn., Indianapolis, \$100; University Training School, with Robt. W. Long Hospital Al. Assn., Indianapolis, \$16; Deaconess Hospital Al. Assn., Evansville, \$11; LaFayette Home Hospital Al. Assn., LaFayette, \$55; Lutheran Hospital Al. Assn., Ft. Wayne, \$50; Reid Memorial Hospital Al. Assn., Richmond, \$11; Union Hospital Al. Assn., Terre Haute, \$25; Epworth Hospital Al. Assn., South Bend, \$13; Elva Dunn, Elkhart, \$2; Myrtle Elkins, Peru, \$2; Members Dist. No. 4, \$2; Dr. Maude McConnell, Sullivan, \$1; Dr. and Mrs. Cox, Kokomo, \$1; Miss Smith, \$1 -----	579.00
Massachusetts: Ruth Stuart, Wenham -----	10.00
Michigan: Karen Braasten, Detroit -----	1.00
Missouri: Missouri State Nurses' Assn. -----	9.00
New Jersey: Nora S. Donohue, Newark; Charlotte R. Aull, East Orange; Marietta B. Squire, Red Bank; Beasie W. Grum, Long Branch; J. B. Berdau, Passaic, \$1 each; Passaic General Hospital Al. Assn., \$10 -----	15.00
*New York: District No. 2: Elizabeth McGraw, Lillian Reid, M. C. McLaren, Jean Scott, \$1 each; M. A. Webber, Emma R. Cross, Mrs. Maude W. Kitcheit, \$5 each; Lucy M. Bayley, \$3.50; Lillian Fish, E. H. Galbraith, Maud Trant, Emily J. Jones, Viola E. Pratten, Naomie R. Fedder, Esther McKinney, Margaret F. Cunningham, Cecelia A. Staub, Ada Camp, Mrs. Iva Comstock, Marie Haney, Grace Hanes, Gladys Dutton, Katherine E. Schmitt, Eunice A. Smith, Celia Staub, K. Elizabeth Poland, Mary J. Paine, Helen R. Ward, Ruby Kruse, Maym R. Wagner, Elizabeth S. Copeland, Anna L. Cummings, Victoria Basush, Emma H. Kehrig, \$1 each; Roch-	

* Given in Memory of Sophia F. Palmer.

ester General Hospital Al. Assn., \$30; District No. 2, \$8.10; A. Florence Hodgon, Dobbs Ferry, \$1; District No. 18: White Plains Al. Assn., \$30; Lenox Hill Hospital Al. Assn.: G. Pettit, Martha Merck, Riba Bullor, Martha Warner, \$1 each; New York Post Graduate Hospital Al. Assn.: Mrs. Franklin Dorman, \$1; Sarah J. Graham and Margaret Graham, \$10 each; St. Luke's Al. Assn., \$5; Italian Hospital Al. Assn.: Mrs. Mary Sabella, Mrs. D. Thom, Vera L. Albore, \$1 each; Manhattan and Bronx Assn., \$100 Liberty Bond; Sarah J. Graham, \$100 Liberty Bond; District No. 14: Swedish Hospital, \$10; Margaret Bellinger, \$5; Member of Mount Sinai Hospital Al. Assn., \$1 -----	166.60
Pennsylvania: Reading Hospital Al. Assn., \$25; E. B. Gillespie, Dorothy Morrison, Philadelphia, \$1 each; Esther A. Tontsin, \$1; Anna B. Robinson, Sewickley, \$10 -----	38.00
North Dakota: Minnie E. Miller, Colgate -----	1.00
South Dakota: State Nurses' Association -----	50.50
Wisconsin: State Nurses' Association -----	50.00
	<u>\$7,204.15</u>

Disbursements

Paid to fifteen applicants -----	\$245.00
Exchange on cheques -----	.40
Stationery -----	9.50
	<u>\$254.90</u>
Invested funds -----	<u>\$6,949.25</u>
	<u>\$26,500.00</u>
Total -----	<u>\$33,449.25</u>

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, R.N., Treasurer, 14 East 50th Street, New York, and the cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, Treasurer.

**MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL,
BORDEAUX, FRANCE**

(Contributions received up to November 15, 1920)

Previously acknowledged-----	\$47,341.37	New Hampshire -----	10.00
(Also 240 francs)		New Jersey -----	10.00
California -----	50.00	New York -----	1,010.50
Georgia -----	25.00	Ohio -----	100.00
Illinois -----	30.10	Pennsylvania -----	71.00
Indiana -----	25.00	Vermont -----	16.00
Iowa -----	159.75	Washington -----	140.25
Kansas -----	5.00	In memory of Katherine Dent	100.00
Massachusetts -----	108.90		
Michigan -----	50.00		\$49,287.87
Missouri -----	35.00		

ARMY NURSE CORPS

During the last month the following Chief Nurses, Army Nurse Corps, have been transferred to the stations indicated: Edna M. Bayne, from Hoff General Hospital, Staten Island, New York, to Station Hospital, Camp Sherman, Ohio; Mildred P. Carter, from Station Hospital, Camp Sherman, Ohio, to Station Hospital, American Forces in Germany, Coblenz, Germany; Virginia P. McFarland, from Station Hospital, Fort Leavenworth, Kansas, to Station Hospital, Camp Lee, Virginia; Florence M. Blanchfield, from Station Hospital, Camp Custer, Michigan, to Station Hospital, Fort Benjamin Harrison, Indiana. Chief Nurse Sophy M. Burns has been assigned to duty as Chief Nurse at Station Hospital, Fort Sam Houston, Texas, in addition to her other duties as Supervising Chief Nurse, Eighth Corps Area.

The following named nurses have been transferred from the Reserve to the Regular Corps: Lena M. Mizelle, Kathryn L. Euhan, Bertha L. Stoll, Olive M. Stout, Frances E. Thomas, Margaret A. Wilson.

The following have been appointed in the Army Nurse Corps: Bernadine Dondiken, Mary I. Hammell, Mollie Theresa McGarry, Grace Newcomer, Regina Helen Russell, Margaret F. Staples, Elizabeth Pauline Uselmeier, Margaret C. Wang.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps,
and Dean, Army School of Nursing.

THE UNITED STATES CIVIL SERVICE COMMISSION will hold examinations for trained nurse and trained nurse (psychiatric) on December 15 in most of the principal cities of the United States. Applicants should apply for Form 1312, to the Civil Service Commission, Washington, D. C., or to the Secretary of the local United States Civil Service Board.

Arizona.—THE ARIZONA STATE NURSES' ASSOCIATION held its first annual meeting in Phoenix, October 20-22. Although handicapped by the loss of its president and both vice-presidents, the arrangements for the meeting had been carried on by the remaining officers and the committees, with great success. There was an attendance of seventy-eight. Bertha C. Rowe, chairman of the board of directors, presided. Lillian L. White and Mary C. Cole of San Francisco were guests who added much to the interest of the meetings; also H. Grace Franklin, an organizer in public health, and Luella Erick, state supervisor in public health nursing. The bill for state registration was presented by Edith P. Snowden, chairman of the Legislative Committee, and after discussion at several sessions, it was changed and adopted. The State Medical Association is endorsing the bill. The constitution and by-laws as approved by the Committee on Revision of the American Nurses' Association was adopted. The formal programme was as follows: The address of welcome, George Goodrich, State Health Officer; Response, Bertha C. Rowe; Value of Legislation to Nurses, Wilsey R. Jones; Public Health Survey in Arizona, T. C. Cuvelier, ex-secretary of Arizona Anti-tuberculosis Association; Value of the Organization to Nurses and People of Arizona, Dr. Mills, president Maricopa County Medical Association; The Nurse in School Work, John D. Loper. Lillian L. White, Red Cross representative of the Pacific Division, gave a most interesting talk. Thursday morning was given over to business. In the afternoon, Miss White spoke on Reciprocity between California and Arizona. A dinner followed this session. After the business meeting, Friday morning, there was a luncheon, which was followed by round tables conducted by Mary C. Cole, on Public Health; Miss Marcus, on The

Student Nurse; Miss Wilcox, on Measurement of Intelligence; Miss Perritt, on School Work; and Luella Erion, on State Public Health. The following officers were elected: President, Bertha C. Rowe, Tucson; vice-presidents, Helen Egan, Phoenix, and Mrs. Cherrie Shotwell, Douglas; secretary, Katheryn MacKay, Tucson; treasurer, R. M. King, Douglas; directors elected for three years, Ross Darcy, Phoenix; Verle Hickcox, Morenci; Ruth E. Wendell, Miami; Mrs. Cherrie Shotwell, Douglas; for two years, Bertha Case, Phoenix, and R. M. King, Douglas. **Globe.**—**DISTRICT NO. 4 OF THE ARIZONA STATE NURSES' ASSOCIATION** held its annual meeting October 11. Twenty-two nurses attended. Officers were elected for the coming year and delegates were appointed to attend the state meeting. The District now has thirty members.

Arkansas.—**THE ARKANSAS STATE NURSES' ASSOCIATION** held its eighth annual meeting in Fort Smith October 29-30. The address of welcome was given by Dr. J. G. Eberle; response by Mrs. W. C. Green. The association pledged itself to aid in the survey of nursing resources of the state which is to be conducted by Sara E. Parsons. It was voted to pay \$125.00 to the Relief Fund. Marjorie Ward gave a paper, *The Private Duty Nurse*. Twelve-hour duty for private duty nurses was discussed. Lennie Beauchamp spoke on *The Red Cross*. The following officers were elected: President, Ruth Riley, Fayetteville; vice-presidents, Frankie Hutchinson and Anna White Phillips; secretary, Annie Brennyer, El Dorado; treasurer, Blanche Thomassewaki; councilors, Hattie Cornelius, Grace Kears, Sister Bernard, Mrs. W. C. Green, Menia Tye, Eva Atwood. The next meeting will be held in Helena in October, 1921. **THE ARKANSAS STATE LEAGUE OF NURSING EDUCATION** held its annual meeting, October 30. Menia Tye was reelected president and Ruth Riley was reelected secretary-treasurer.

Colorado: Denver.—**MERCY HOSPITAL** held commencement exercises, in the chapel, for twenty graduates October 27. Addresses were given by Rt. Rev. J. Henry Tihen, bishop of Denver, and by Dr. H. G. Wetherill. The class took the Florence Nightingale pledge.

Connecticut: Hartford.—Mabel A. Hennessey, class of 1916, St. Francis' Hospital, has accepted the position as superintendent of nurses, St. Elizabeth Hospital, Elizabeth, N. J.

Delaware.—**THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES** held its regular fall meeting at Red Cross Headquarters, Wilmington, on November 4, with fifty members present. It was decided to purchase a Nurses' Club in which to house private duty and other nurses not doing institutional work, and also the Nurses' Directory, as a memorial to the Delaware Nurses who died during the War. Evelyn B. Hayes was appointed chairman of a committee to solicit funds for this purpose. The resolutions passed at a recent meeting of the State Medical Society were discussed. A Public Health section was formed. The League of Nursing Education, the State Association, and the Public Health Section have all adopted resolutions endorsing a high standard of training for nurses of the state.

Florida.—All nurses holding Florida certificates will please make application for renewal in December to Mrs. Louise B. Benham, Secretary Board of Examiners, Hawthorne. **Orlando.**—**THE CENTRAL FLORIDA REGISTERED NURSES' ASSOCIATION** held a meeting at the Orange General Hospital, October 26. Arrangements were made for eight or ten nurses to attend the annual meeting of the Florida State Association. A social hour followed.

Georgia.—**THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES** held its annual meeting in Augusta, November 8-10. Important business was transacted

and the social side was not forgotten, but the attendance was not as large as had been expected. The sum of fifty dollars was voted for the Relief Fund and this, in addition to the amounts already sent in by districts of the state now brings the total to ninety-three dollars. Several very interesting papers were read. The meeting was successful and enjoyable from every point of view. The following officers were elected: President, Virginia P. Gibbs, Marietta; secretary, Chloe M. Jackson, 121 Capitol Place, Atlanta; president Examining Board, Jane Van De Vrede, 418 North Boulevard, Atlanta; secretary, Jean Harrell, 110 Luckie Street, Atlanta. Macon.—THE TENNESSEE DIXIEAN ASSOCIATION OF THE GEORGIA STATE NURSES' ASSOCIATION held a meeting at the Macon Hospital, September 15. The following officers were elected: President, Cleo McLaughlin; vice-presidents, Mattie Blount, Mae Kerr and Julia Adams; secretary-treasurer, Ruth Smith. An official registry for nurses has been established at the Macon Hospital. The Macon Hospital Training School has opened this term with a more complete curriculum than ever before, placing the school on the same basis of high rating as that given the large hospitals. It will be operated on a college basis, no compensation being allowed. A class for young negro women, who can furnish high school and college diplomas and the highest qualities, has been established. Julia A. Clark, graduate of Boston City and Peter Bent Brigham Hospitals, has been appointed superintendent of nurses, with the following corps of assistants: Ona E. Riggs, Louisville City Hospital; assistant superintendent of nurses; Eva LeVassour, Peter Bent Brigham Hospital, night supervisor; Ruth Sawyer, Peter Bent Brigham Hospital, instructor in theory and practice; Margaret Whitford, Boston City Hospital, and Gretchen Laughlin, Albany General Hospital, supervisors; Miss Jones, Georgia Industrial College, dietitian.

Illinois: Chicago.—Nurses are proud of their new downtown club, with its beautifully furnished rooms overlooking the lake. The assembly room is large enough for large groups and is used for student nurses' social gatherings, district meetings, business conferences, etc. The Chicago Nurses' Directory, the Central Council for Nursing Education, and the National Organization for Public Health Nursing have offices adjoining the club rooms. The Sprague House, 2710 Prairie Avenue, is still the property of the First District and is used as a resident nurses' club. May Belle Adamson, class of 1911, Mercy Hospital, has accepted a position as superintendent of nurses, Miller Hospital, New Castle, Indiana. Rosina Raub and Helen Bartel, class of 1912, Mercy Hospital, are doing work with the Federal Vocational Board in Milwaukee. Milwaukee.—THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in October and elected the following officers: President, Naomi Setterdahl; vice-president, Hattie Larson; secretary, Helen V. Wessel; treasurer, Boda Clausen. The organization has been in existence one year, it has 20 members, it includes the subscription to the JOURNAL in its dues.

Indiana: Indianapolis.—DISTRICT NO. 4 OF THE INDIANA STATE NURSES' ASSOCIATION at its annual meeting elected the following officers: President, Ida Gaskill; secretary, Rella Murr; treasurer, Nell Davis. DISTRICT NO. 2 OF THE INDIANA STATE NURSES' ASSOCIATION at its annual meeting, held in South Bend, November 9, elected the following officers: President, Mary Turner; secretary, Mrs. George Arnold, and treasurer, Mabel Tandell. Lizzie L. Goepplinger, class of 1905, Lakeside Hospital, Cleveland, has accepted the position as superintendent of nurses of the Protestant Deaconess Hospital. Miss Goepplinger was night supervisor, assistant principal, and later acting principal in Hartford Hospital, Hartford, Conn. She attended Teachers College, Columbia University, last spring. Mary E. Stewart, graduate Farrand Training School, Detroit, is Miss

Goepfinger's assistant, E. Katherine Deane, graduate Robert Long Hospital, Indianapolis, is second assistant, and J. Daisy Needham is instructor. Grace N. Farrar, graduate of Waltham Hospital, Waltham, Mass., has accepted the position as assistant superintendent of the City Hospital School for Nurses. Fort Wayne.—HORN HOSPITAL ALUMNAE officers are as follows: President, Gertrude Barber; treasurer, Mrs. Clara Wolford; secretary, Eileen Zirkle. Miss Reid, class of 1912, Hope Hospital, is employed as school nurse in Fort Wayne. Ella Jones and Maxie Gorrell have accepted positions in the Columbus Memorial Hospital, Washington, D. C. Laura Haupt has accepted a position as Red Cross instructor in Fort Wayne. Bernice Dunton has accepted a position in Stanford Sanitarium, Stanford, Texas. THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION celebrated its tenth anniversary on November 10, by a reception at the nurses' home in the afternoon and a banquet in the evening. Ninety graduates of the school were present. Evansville.—LOUISE HAPPLE has accepted the position of superintendent of the Walker Hospital Clinic to succeed Pearl Chappell. Mrs. Ivy Reese, who has been in the surgical department for the past seven years, has resigned and expects to take up general nursing. She is succeeded by Sadie Huber.

Iowa: DesMoines.—THE STATE EXAMINING BOARD at the recent examination examined 146 nurses. Fairfield—JUNE NORRIS has accepted the position of assistant superintendent of the Longmont Hospital, Longmont, Col. Sioux City.—MISS CASE, graduate of the Burlington Hospital, has assumed her duties as superintendent of the Maternity Hospital, succeeding Grace Williams, who is taking a public health course in New York City. Ottumwa.—The nurses, who were in the service, took an active part in the Legion celebration of Armistice Day.

Louisiana.—THE LOUISIANA NURSES' BOARD OF EXAMINERS will hold an examination in New Orleans and in Shreveport, December 13, 14 and 15, 1920. Applications should be sent to Dr. J. S. Hebert, Secretary, 1221 Maison Blanche, New Orleans.

Massachusetts.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION held a meeting in Springfield October 30. The local committee is to be congratulated on the arrangements for the meeting, which was held in the ballroom of the Hotel Kimball. A luncheon was served in the same hotel and a buffet supper followed the afternoon meetings. A great deal of interest was manifested in the question of an Interstate Secretary, and the matter of a contribution for such purpose was referred to the Finance Committee. A silver collection was taken for the Memorial Fund, which amounted to \$68.23. The Association voted to subscribe enough from the treasury to bring this amount up to one hundred dollars. Miss Dart presented a very interesting and comprehensive paper on The Organization of the Massachusetts State Nurses' Association. Bernice Billings of the New England Division of the American Red Cross made a strong appeal for Red Cross enrollment. Edwin W. Gannt gave a graphic description of Red Cross relief work as carried on among the boys who have been in service during the war, and who are totally or partially disabled. Miss Allen reported for the Committee for the Recruiting of Student Nurses, outlining the plan of the committee, which is to work through the county organizations. Mary M. Riddle presented a carefully prepared paper, Some Problems in Present Day Nursing. The principal address of the afternoon was given by Clara L. Boatwick of Springfield, on The Making of the New World, and Woman's Part in the Making. She emphasized the part that nurses must play in the programme. Announcement was made that the Public Health Nurses' Club which has existed in Massachusetts

for many years, had disbanded the previous evening, and now becomes the Public Health Section of the Massachusetts State Nurses' Association, in accordance with action of the Commissioners of the State Association taken last June. Following adjournment, round tables were held by the public health group, private duty nurses, and the League of Nursing Education.

Minnesota.—THE MINNESOTA STATE EXAMINING NURSES' ASSOCIATION held its annual meeting on October 21 and 22, at the Wilder Building, in St. Paul. There were delegates from all districts and the total attendance was more than three hundred. The morning of the first day was given to the Council meeting and the afternoon to section round tables. At the League section, a paper was read by Miss Banville, of the State Examining Board, who had found time to inspect a number of training schools throughout the state. This report proved the necessity of a regular inspector. The Public Health Section adopted a set of by-laws. There was a large attendance at this section and many interesting discussions on the different branches of public health work. At the evening meeting, which was at the Y. W. C. A., a very interesting talk was given by Miss Williams, of the League of Women Voters, and following this, an informal reception was held. The business meeting was held on the 22nd. A report from the State Examining Board showed that 475 nurses had been granted registration. The Nurses' Relief Fund Committee reported eighty-four dollars had been received. Miss Dodd made a plan for increased contributions and the State Association pledged fifty dollars. The Association also pledged fifty dollars to the Memorial Fund. A number of *Journal* subscriptions were taken. The State Association voted fifteen dollars towards a full-time secretary for the State Association and the State Examining Board, the appointment to be made at a joint meeting of the two boards. There was considerable discussion on the subject of legislation and it was decided to defer this until 1922 and to start the work on the new Nurse Practice Act at once. The report of elections is as follows: President, Irene English, Northern Pacific Hospital, Brainerd; vice presidents, Louise Powell, University Hospital, Minneapolis; Florence Whipple, Mankato; Louise Schneller, Duluth; secretary, Sophia Olson, City and County Hospital, St. Paul; treasurer, Irene Johnson, Swedish Hospital, Minneapolis; directors, Frances Brink and Minnie Peterson. Miss Schneller, of Duluth, extended to the State Association an invitation to hold its next annual meeting in that city. Duluth.—St. Luke's Training School for Nurses was omitted from the list of Accredited Schools published by the American Nurses' Association, due to a typographical error.

Missouri.—THE MISSOURI STATE NURSES' ASSOCIATION held its fifteenth annual convention in Kansas City, October 20 to 22, with headquarters at Hotel Baltimore. This meeting was one of the best attended meetings of the association, nearly 500 members being registered. Delegates from all seven districts were present. A splendid address of welcome was given by John Pow, President of the Kansas City Bar Association; response was by Emma Bechtel, of Springfield. Mary G. Burman, president of the Association, in her address advocated higher standards for nurses. Mrs. Helen Hey Greeley of the New York bar was the principal speaker of the Wednesday afternoon meeting; her address on Legislation being most instructive as well as entertaining. As the Nurse Bill, which will come up before the next session of the Legislature is of special interest to the nurses, the discussion was most lively. Katherine M. Olmstead, executive secretary of the Central Council for Nursing Education, spoke of the Wednesday evening session, in her paper, *The Nursing Profession*, set forth

all the ideals which place the profession on the highest pinnacle of service. The Thursday morning session was devoted to reports from the biennial convention of the American Nurses' Association. Exceptionally good reports were given on Public Health, Private Duty, Red Cross and League of Nursing Education. Reports of State Board for examination and registration for nurses were also given. The talk on Training School Inspection by Sara E. Parsons of Boston met with much interest and enthusiasm, as Miss Parsons will make a complete survey of all training schools in the State of Missouri. It is most fortunate that a woman of such wide experience in training school work could be secured. Thursday afternoon, the nurses of District No. 2 entertained the delegates and visitors with an automobile drive over the Kansas City boulevards. After the drive, Dr. and Mrs. John G. Hayden entertained at tea. The annual banquet of the association was held at the Baltimore Hotel, the speaker of the evening being Charles F. Aked, D.D., LL.D., pastor of the First Congregational Church of Kansas City. Friday morning meeting consisted of a paper on Public Health, followed by a general discussion opened by Glory Raglan, St. Louis. Election of officers followed. At the Friday afternoon session delegates were elected to the Missouri State Conference of Social Welfare and the American Red Cross. A paper on the work of the American Red Cross was read by Ethel Pinder, Director of the Nursing Service of Southwestern Division. The next place of meeting will be St. Louis. During the three days, round tables on Private Duty, School Nursing, Public Health, Red Cross, Rural Nursing and League of Nursing Education were held and ably conducted. These were exceedingly interesting and were well attended. An open Public Health meeting was held Friday evening, one of the attractions being the moving picture entitled, *An Equal Chance*. Several papers were read, which closed the convention. The following officers were elected: President, Mary G. Burman, Mercy Hospital, Kansas City; vice-presidents, Margaret Rogers, Jewish Hospital, St. Louis, and Emma Bechtel, Burge Deaconess Hospital, Springfield; secretary, Mrs. Emma C. Slack, 3031 Charlotte Street, Kansas City; treasurer, Janette Flanagan, 4254 Lindell Boulevard, St. Louis.

Nebraska.—THE NEBRASKA STATE NURSES' ASSOCIATION held its fifteenth annual meeting at the Hotel Fontenelle, Omaha, October 19 and 20. The meetings were opened by an address of welcome by Mayor Edward P. Smith. Grace V. Bradley, president, responded. The reports of officers and committees completed the morning session. Luncheon was served at the Chamber of Commerce. Afternoon session: Singing, led by Ben Stanley, Organist, Trinity Cathedral. Papers: The National Problem of Demand and Supply of Nursing Service, Dr. Herman Schulte, Dean, College of Medicine, Creighton University, Omaha; The Problem of Furnishing Adequate Home Nursing Care, Florence McCabe, Superintendent, Visiting Nurses' Association; The Peace Program of the National Red Cross, Dolly Twitchell, Central Division, American Red Cross, Chicago; Home Nursing Courses in the Public Schools, Dean P. M. Buck, College of Arts and Sciences, University of Nebraska. The evening was given over to a banquet and informal reception. Wednesday morning session: Nutritional Work Among Children, Dr. Howard B. Hamilton, Omaha; Strong and Weak Points in Our Present System of Training, Myra Tucker, Instructor, University of Nebraska School of Nursing, Omaha; The Obligations of the Private Duty Nurse to the Community, Laura Allen, Omaha. Wednesday afternoon session: Our Responsibilities and Opportunities as Voters, Mrs. Draper Smith, Omaha; Home Health Teaching, Louise Murphy, University Extension Service, Lincoln;

The Work of the County Nurse, Elizabeth Marshall, West Point, Nebraska; Demonstration of School Health, Charlotte Townsend, Superintendent of School Nursing, Omaha. The following officers were elected: President, Grace V. Bradley, Omaha; vice-president, Martha Taylor and Margaret McGroarty; secretary, Mrs. G. S. Miller, 4812 Pacific Street, Omaha; treasurer, Mrs. W. F. Schellman; directors, Zella Smith, Jean Keyes and Grace Williamson.

New Jersey.—THE NEW JERSEY STATE NURSES' ASSOCIATION held its semi-annual meeting in Camden November 8. All of the District Associations were represented. Florence Swift Wright, supervising nurse of the New Haven Health Center, gave a most interesting talk on Public Health Nursing. It was decided to contribute to the Relief Fund twenty-five dollars a year for five years in memory of Sophia F. Palmer. Miss Shaw, delegate to the convention in Atlanta, gave an interesting report. M. Hall, delegate to the meeting of the New Jersey State Federation of Women's Clubs, gave a report. THE NEW JERSEY STATE LEAGUE OF NURSES EDUCATION occupied a place on the program and elected the following officers: President, Ida F. Austin; vice-president, Helen C. Howes; secretary, Marie Louis; treasurer, Anna Scott; directors, Mary J. Stone, Jessie Manly, and Hulda Randall. The legislation committee reported the passage of Senate Bill No. 75, raising the registration fee to ten dollars and placing the credentials of applicants for the training schools in the hands of the Department of Education. The annual meeting will be held in Hackensack, in April. Trustee.—WILLIAM McKinLEY MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held a meeting October 4. Thirteen members were present. The graduating class of 1920 of the hospital was taken into the alumnae. Mountclair.—THE MOUNTCLAIR HOSPITAL ALUMNAE ASSOCIATION held its annual meeting October 20 at the nurses' club. The following officers were elected: President, Ida Stitt; vice-presidents, Mrs. Morton Huttonlock and Josephine Trippett; treasurer, May Willer; recording secretary, Ethel Swanson; corresponding secretary, Mildred Oswald.

New York.—THE BOARD OF NURSE EXAMINERS desires to bring to the attention of all nurses that according to the amendment to the Nurse Practice Act which became law on May 12, 1920, all persons practicing in the State as trained, graduate, certified or registered nurses must be registered and licensed to so practice by the Regents of the University of the State of New York. Other persons using those titles will be in violation of the law. A clause in the act provides for the registration and licensing of nurses under a waiver of examination and other conditions heretofore required. This waiver expires January 1, 1921. Nurses already registered in the State are required to register with the Secretary of the Board of Nurse Examiners prior to December 1, 1920. Nurses who are not registered in the State at present should, in making application for registration, give the name and location of the school of nursing by which they were graduated. Provision is also made for non-graduates of long experience under this act and for those who are qualified to act as trained attendants. All nurses are urged to attend to this matter at once. Inquiries and applications should be addressed to the Secretary, Board of Nurse Examiners, State Department of Education, Albany, N. Y. THE NINETEENTH ANNUAL MEETING OF THE STATE NURSES' ASSOCIATION was held at Albany, N. Y., October 27-28. Sessions were held in Chancellors Hall of the Education Building. Rev. J. V. Moldenhauer offered the invocation at the opening session. Addresses of welcome were made by Hon. James R. Watt, Mayor, by Dr. John H. Finley, Commissioner of Education, and

Elizabeth Burgess, representing the nurses of Capitol District No. 9. Response was given by Mrs. Anna Hansen, Director of Public Health Nursing Association, Buffalo. The afternoon session consisted of many interesting addresses, papers and discussions, among which were: The Administration of the Nurse Practice Act, by Dr. Augustus Downing; A Forecast of Desired Results of the Nurse Practice Act, by Annie W. Goodrich; Struggles of the Pioneers, by Anna C. Maxwell; The Nursing of the Insane, by Sara E. Parsons and The Nursing of Epileptics, by Mrs. Mabel Doran. Thursday morning was a business session and conference on reorganization. The afternoon papers were: Campaign for Recruiting Nurses in New York State, by Carolyn Gray; Retaining the Spirit of Service in the Days of Commercialism, by Mrs. Roderick Byington; The Alumnae Associations, Their Power and Responsibility, by Adda Eldredge; The Professional Registry, Its Obligations in the Present Situation, by Emma J. Jones; and an address by Mr. Vale on the Use of the State Library. Collections were taken for the Nurses' Relief Fund in memory of Sophie F. Palmer and for the Bordeaux Memorial Fund. Each amounted to five hundred dollars. On Wednesday evening a delightful dinner was given to over three hundred delegates and guests in the ballroom of the Ten Eyck Hotel. It was voted by all to be one of the most interesting and instructive meetings ever held and great credit is due those who planned and directed the whole convention. Every detail was perfected. Many delegates who arrived Tuesday for sessions of the New York State League of Nursing Education, enjoyed the auto ride to Troy and the inspection and tea at the Samaritan Hospital. It was decided to hold the next annual meeting at Utica. At the last session, unusual moving pictures were given which showed the process of making X-ray apparatus, beginning with the tungsten ore and following every step of the process. The pictures were loaned by the General Electric Company of Schenectady. Dr. Augustus Downing, who has so long been associated with the nurses of the state in the administration of their registration law, was made an honorary member of the State Association. The following officers were elected for the coming year: President, Alice Shepard Gilman, Troy; vice presidents, Agnes S. Ward, New York City, and Florence M. Johnson, New York City; secretary, Mrs. J. W. Kline, Brooklyn; treasurer, Louise Sherwood, Syracuse; directors for three years, Elizabeth Golding and Elizabeth Burgess. THE NEW YORK STATE LEAGUE FOR NURSING EDUCATION elected the following officers: President, Elizabeth A. Greener, Mt. Sinai Hospital, New York City; vice-president, Nancy E. Cadmus, Manhattan Maternity Hospital, New York City; treasurer, Annie H. Smith, General Hospital, Rochester; secretary, Theodora H. LeFebvre, City Hospital, Blackwell's Island, New York City. THE NEW YORK STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its fifth annual meeting in Albany, October 26. Preceding an interesting program, a business meeting was held at which time the revision of and amendment to the constitution and by-laws were unanimously passed. Dr. Augustus S. Downing, Assistant Commissioner and Director of Professional Education of the State Department of Education, was unanimously elected an honorary life member of the organization. The following officers were elected: President, Bertha MacC. Mascot, Albany; vice president, Annie S. Humphrey, New York City; secretary, Elizabeth F. Platt, 100 Washington Street, Peekskill; treasurer, Matilda Kuhlman, Albany; directors, Annie L. Hansen and Winifred Noon. Buffalo.—WESTERN NEW YORK DISTRICT ASSOCIATION, No. 1, held a meeting October 20. Seven delegates were elected to attend the State meeting. After the business meeting, the program was in

charge of the Children's Hospital Alumnae. Mrs. F. Louis Slade, vice-president of the League of Women Voters, gave an address. THE UNIVERSITY OF BUFFALO is offering a four months' postgraduate course in public health work. Rochester.—DISTRICT No. 2 held its October meeting on November 2, so as to have the reports of the delegates to the state meeting. The Hahnemann Hospital Alumnae were hostesses. Saranne Lahn.—SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 5, held a meeting November 2. Mary O. Smith, delegate to the New York State meeting, gave an interesting report. Annual donation day for the benefit of the General Hospital and the Free Bed Fund netted \$1,383.36, and the Ambulance Fund has now reached \$8,400.00. Brooklyn.—St. MARY'S ALUMNAE ASSOCIATION desires that all graduates of St. Mary's Training School send their full name, or if married, their full maiden name; and married name, and their address to the Secretary, Mrs. Edward Bronack, 415 9th Street, Brooklyn. Mary E. Robinson, class of 1906, Long Island College Hospital, has been appointed superintendent of the Training School.

Ohio: Cleveland.—THE PRIVATE DUTY NURSES' ORGANIZATION, THE PUBLIC HEALTH ORGANIZATION AND THE CLEVELAND LEAGUE OF NURSING EDUCATION have each become a section of DISTRICT No. 4 OF THE STATE ASSOCIATION. Each section holds regular monthly meetings and reports from the same are presented at the general meetings of the District Association. The Cleveland League, now the Educational Section, held its regular meeting at Lakeside Hospital on November 11th. The committee on standardization of nursing procedures demonstrated some of the practical methods of nursing procedures as standardized by themselves, and an interesting discussion followed. THE CLEVELAND CITY HOSPITAL held exercises on October 6 to mark the opening of the school year. Several changes have been made in the program of the training school, and with the prospect of new buildings and added teaching facilities, much enthusiasm was manifested in the preparation and execution of the program, which was under the direction of the senior class. Dr. D. H. Blasom, Director of Public Welfare, gave an address of welcome and introduced the speaker of the afternoon, Ida M. Wilcox, Chief Examiner of Schools of Nursing in Ohio. Miss Wilcox spoke of the educational advantages to be derived from the new well equipped buildings, of the high educational requirements for the young women entering training to-day, of the great need for a thorough course in nursing education which will give the young women a proper basis for any of the specialties of nursing, and of the benefits of registration. She appealed to the nurses to excel in their work and to make this school the splendid institution it should be. Ruth Kletz, a member of the senior class, gave an interesting history of the origin and development of the hospital. The singing of the class song written by Dorothy Tibball, class of 1921, concluded the exercises. A reception followed the program. The Alumnae Association held a meeting in the evening, with an address by Miss Wilcox. ST. VINCENT'S CHARITY HOSPITAL SCHOOL FOR NURSES held commencement exercises recently for twenty-six graduates. Rev. E. P. Duffy conferred the diplomas and Anna Mae Bremer, class of 1912, conferred the medals. Prizes were awarded to Marie Josephine Amos and Colette Ann Metoyer. Miss Amos gave the valedictory address. ST. VINCENT'S CHARITY HOSPITAL ALUMNAE ASSOCIATION at its October meeting elected the following officers: President, Emma Mandery; vice-president, Edel Lakadic and Mrs. J. Moyers; recording secretary, Beatrice McEvoy; treasurer, Hannah Thornton; corresponding secretary, Dorothy Lowton. Cincinnati.—The Jane E. Dolano Post, No. 455, American Legion, was organized and a charter issued on June 25. Winifred Culbertson is commander. The Post is growing rapidly.

Oklahoma.—THE OKLAHOMA STATE BOARD OF NURSES EXAMINERS will hold the next examination in Oklahoma City at the State Capitol, December 15 and 16. Applications must be sent to the secretary, Edna Holland, Box 444, Holdenville, to reach her at least ten days before the date of examination. THE OKLAHOMA STATE NURSES' ASSOCIATION held its twelfth annual meeting in Enid, October 27-29. The address of welcome was given by R. L. Sanford, president of the Chamber of Commerce; response by Mrs. D. I. Brown. An address by Lena Griss followed. Sara E. Parsons gave an exceedingly interesting address at the afternoon session, which was followed by round tables and election of officers. Following the informal reception in the evening papers were given: The Great Privileges and Duties of a County Nurse, by Margaret Davidson; The Nurse Working Through the Dispensary, by Miss Richardson; and Venereal Diseases, by C. R. Day, M.D. The film, *An Equal Chance*, was shown. The Thursday morning session was given over to business. At the afternoon session Dr. G. A. Boyle gave a paper on The Value of the Services of a Graduate Nurse. Frances M. Ott, of Indiana, chairman of the Private Duty Section of the American Nurses' Association, gave an inspiring address. A Private Duty Section was organized. Miss Kuhn, of St. Louis, spoke on The Red Cross. On the last day, an automobile ride was enjoyed. It was one of the most inspiring and interesting meetings the state association has ever held. The old officers were re-elected. Oklahoma City.—Alice Bowen, graduate of the Presbyterian Hospital, Chicago, is supervisor of nurses at St. Anthony's Hospital.

Pennsylvania: Pittsburgh.—THE PITTSBURGH HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting in October. Forty-five members were present. Mary Welsh was chosen delegate to the state convention. There was a discussion on the subject of a drive for membership for the Allegheny County Directory for nurses. Eight new members were admitted to the alumnae. Philadelphia.—THE ALUMNAE ASSOCIATION, PHILADELPHIA GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES, held a meeting November 1. Miss Clayton gave an interesting talk on the publicity campaign. The association will take one hundred Nightingale calendars to sell. M. Mackeverican, class of 1915, is taking the major course in public health nursing at Columbia University. Mercer.—THE MERCER SANITARIUM TRAINING SCHOOL FOR NURSES held commencement exercises on October 7 for five graduates. A banquet was held in honor of the class on October 6.

Rhode Island: Providence.—THE RHODE ISLAND STATE LEAGUE OF NURSING EDUCATION met at the City Hospital October 12. The subjects discussed were: The Classification of Training Schools, as outlined at the Atlanta convention, and Lay Membership for the League. RHODE ISLAND HOSPITAL NURSES' CLUB held its first fall meeting November 2. The subject for the evening was, The Work of the Year in the Nursing Field. Extracts bearing on the subject were read from the JOURNAL for the past year. The Providence Branch Guild of St. Barnabas held a meeting November 4. Mary E. Sutton told of her experiences with the Red Cross in Poland.

South Dakota.—THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, January 11 and 12. Applications must be filed with the secretary, Mrs. Elizabeth Dryburgh, Rapid City, at least two weeks in advance of the examination.

Tennessee.—THE TENNESSEE STATE REGISTERED NURSES' ASSOCIATION held its fifteenth annual meeting in Memphis, October 25 and 26. The following officers were elected: President, Mrs. D. M. Gould, Nashville; vice presidents, Sara

Woodward and N. Ploves; secretary, Marie Peterson, 579 Madison Avenue, Memphis; treasurer, Edna Irby. A section of the League of Nursing Education was formed, with C. M. Schaefer as chairman; a Private Duty section with Lois Robley as chairman; and a Public Health section, with Dixie Sample as chairman, and Miss Gallagher, secretary. The first morning session was opened with Sara Woodward, second vice president, presiding. The address of welcome by Mayor Paine showed a wonderful grasp of matters pertaining to public health. After the response by Miss Feltus, president of the local association, Miss Van De Vrede, of Georgia, spoke in her usual splendid way and all felt very fortunate in having her at the meetings. After the routine business session, Miss Sample read the proposed bill which is to be introduced at the next legislature. Miss Van De Vrede and Dora Barnes, of Peabody College, gave some very helpful suggestions. A thorough discussion followed. The afternoon session was taken by the League of Nursing Education and a splendid paper was read by Mrs. Mary Brown on The Nursing Crisis, discussed by Sadie Fagan of Nashville. Round tables then followed at which Private Duty and Public Health matters were discussed. The morning session of October 26 was opened with another short business session, after which Dr. Durrott, superintendent of the City Board of Health of Memphis, gave a splendid address on The Training of Nurses and Its Relationship to the Practice of Public Health Nursing. Hospital Social Service was next discussed by Marie Peterson of Memphis, Corrine Meeks, of Dyersburg, read a very fine paper on How the Hospital in the Small Town Meets the Standard Training School Requirements. The members regretted that illness prevented Sarah E. Sly from attending the meeting. The next meeting will be held in Nashville. The Memphis nurses entertained their guests by luncheons, a box party, and a chicken dinner, at a suburban inn.

Vermont.—THE VERMONT STATE NURSES' ASSOCIATION held its semi-annual meeting October 23 in St. Albans. Bernice Billings gave a paper on Red Cross Enrollment which was very interesting. A Private Duty Section was formed and delegates were appointed to attend a meeting of the Board of Directors of the New England Division of the American Nurses' Association held in Boston, November 8. About forty nurses attended, representing all parts of the state.

Wisconsin.—THE WISCONSIN COMMITTEE OF EXAMINERS OR REGISTRATION OF NURSES will hold an examination January 11 and 12 in Madison. Applications may be secured from Myra W. Kimball, Health Department, La Crosse. All applications must be filed with the secretary at least fifteen days prior to date of the examination.

BIRTHS

On September 3, in Aitch, Pa., a daughter, Elaine, to Mr. and Mrs. Sam Beaver. Mrs. Beaver was Elsie Cunningham, class of 1908, Altoona Hospital, Altoona, Pa.

On September 12, in Altoona, Pa., a daughter, Sarah, to Mr. and Mrs. Harry Kessbring. Mrs. Kessbring was Amy Hess, class of 1912, Altoona Hospital.

On August 26, in Altoona, Pa., a daughter, Mary Jane, to Mr. and Mrs. Claude Walls. Mrs. Walls was Jane Craig, class of 1917, Altoona Hospital.

In September, a daughter, to Mr. and Mrs. Arthur Mooney. Mrs. Mooney was Rilla Piles, class of 1904, Hope Hospital, Ft. Wayne, Ind.

On August 11, in Harrisburg, Pa., a son, Robert Harry, Jr., to Mr. and Mrs. R. Harry Davis. Mrs. Davis was Amy Hook, class of 1911, Harrisburg Hospital.

On July 25, in Harrisburg, Pa., a son, Joseph Lloyd, Jr., to Mr. and Mrs. J. Lloyd Keim. Mrs. Keim was Anna Falk, class of 1914, Harrisburg Hospital.

On October 3, in Boise, Idaho, a daughter, to Mr. and Mrs. J. E. Fite. Mrs. Fite was Hazel White.

On August 16, in Ogdensburg, N. Y., a daughter, June Marie, to Mr. and Mrs. Percy A. Amsden. Mrs. Amsden was Kathryn Darmody, class of 1916, St. Lawrence State Hospital, Ogdensburg.

In October, a son, to Mr. and Mrs. William McClorey. Mrs. McClorey was Lena Morgan, class of 1918, St. Francis Hospital, Hartford, Conn.

In October, a daughter, Mary Elizabeth, to Dr. and Mrs. T. O'Brien. Mrs. O'Brien was Hilda Stickney, class of 1919, St. Francis Hospital, Hartford, Conn.

In October, a daughter, to Mr. and Mrs. W. Wade. Mrs. Wade was Mollie Leland, class of 1919, St. Francis Hospital, Hartford, Conn.

Recently, in Pittsburgh, a daughter, to Mr. and Mrs. Claffey. Mrs. Claffey was Lillian Crumm, class of 1916, Presbyterian Hospital, Pittsburgh.

On September 19, in Merryvale, La., a son, to Mr. and Mrs. Perkins. Mrs. Perkins was Jeannette Mechling, class of 1915, Presbyterian Hospital, Pittsburgh, Pa.

On August 7, a daughter, to Dr. and Mrs. Stanley H. Steiner. Mrs. Steiner was Elizabeth C. Avery, class of 1906, Rutland Hospital, Rutland, Vt.

On August 6, in Idaho Falls, Idaho, a daughter, Margaret Frances, to Mr. and Mrs. H. D. Junkin. Mrs. Junkin was Eva Silcox, class of 1912, Illinois Training School for Nurses, Chicago.

On September 23, in Flushing, L. I., N. Y., a daughter, Mary, to Dr. and Mrs. Sydney Yankauer. Mrs. Yankauer was Margaret Kerrins, formerly assistant superintendent of nurses, Mt. Sinai Hospital, New York.

On August 2, a son, William David, to Mr. and Mrs. William Orban. Mrs. Orban was Grace McCraight, class of 1918, Kensington Hospital for Women, Philadelphia.

On July 16, in Philadelphia, a son, Edward, to Mr. and Mrs. Harry Hugler. Mrs. Hugler was Hazel Tarman, class of 1918, Kensington Hospital for Women, Philadelphia.

On November 2, in Seymour, Ind., a son, to Mr. and Mrs. Appel. Mrs. Appel was Alma Laupus, class of 1918, Schneck Memorial Hospital, Seymour, Ind.

On September 30, a son, John Adams, Jr., to Mr. and Mrs. Stevenson. Mrs. Stevenson was Kathryn F. Wainwright, class of 1912, Germantown Dispensary and Hospital, Germantown, Pa.

Recently, a daughter, Elsie Louise, to Mr. and Mrs. Gough. Mrs. Gough was Louise Moore, class of 1915, Lutheran Hospital, Ft. Wayne, Ind.

On October 20, a daughter, to Mr. and Mrs. A. Bohne. Mrs. Bohne was Wilda Sutter, class of 1919, Lutheran Hospital, Ft. Wayne, Ind.

MARRIAGES

On September 29, in Washington, D. C., Lily A. Belyea, class of 1910, Macon Hospital, Macon, Ga., to T. B. Willis. Mr. and Mrs. Willis will live in Florence, S. C.

On August 22, in Porto Rico, Jeanette M. Parkinson, graduate of St. Luke's Hospital, Boise, Idaho, to Lieutenant M. Irwin.

Recently, Judith May Bangs, class of 1919, Cooley-Dickinson Hospital, Northampton, Mass., to Harold Trebilcock. Mr. and Mrs. Trebilcock will live in Auburn, N. Y.

Recently, Katherine Clark, class of 1919, Cooley-Dickinson Hospital, Northampton, Mass., to Harold Corbett. Mr. and Mrs. Corbett will live in Springfield, Mass.

On October 10, in Waterloo, Canada, Christine Nelson, class of 1914, Passaic General Hospital, Passaic, N. J., to George Tondt. Mr. and Mrs. Tondt will live in Torrance, Ontario, Canada.

On September 22, in Pittsburgh, Pa., Blanche Stuchi, class of 1919, Presbyterian Hospital, Pittsburgh, Pa., to Joseph Martin. Mr. and Mrs. Martin will live in Tarentum, Pa.

On October 14, Florence Davison, class of 1920, Presbyterian Hospital, Pittsburgh, Pa., to Ray Boston. Mr. and Mrs. Boston will live in Springdale, Pa.

Recently, in New York City, Mrs. Ella W. Turner, class of 1911, William McKinley Hospital, Trenton, N. J., to S. W. Pindlak.

On September 25, Dencey Rookie, graduate of Asbury Hospital, Minneapolis, to J. Hamilton Quinn. Mr. and Mrs. Quinn will live in Long Beach, Calif.

Recently, Mabel Wickland, graduate of Asbury Hospital, Minneapolis, to Captain Thompson. Captain and Mrs. Thompson will live in Baltimore, Md.

On August 24, Marguerite Greer, class of 1920, Asbury Hospital Minneapolis, Minn., to Frank Mariowe. Mr. and Mrs. Mariowe will live in Minneapolis.

On September 1, in Springfield, Mo., Ruthie Mae Boer, class of 1918, Lutheran Hospital, St. Louis, to Walter E. Stevens. Mr. and Mrs. Stevens will live in Tulsa, Okla.

On October 24, Lillian A. Child, class of 1920, Claremont General Hospital, Claremont, N. H., to Forrest B. Cole. Mr. and Mrs. Cole will live in Lebanon, N. H.

On September 18, in Washington, D. C., Annie McAnally, class of 1914, Baroness Erlanger Hospital, Chattanooga, Tenn., to John J. McCormick, Medical Corps, U. S. A. Major and Mrs. McCormick will live in San Antonio, Texas.

On September 16, in Chicago, Ill., Florence M. Bleant, class of 1917, St. Louis Baptist Hospital, to Lewis E. Brahm of Rock Falls, Ill. Mr. and Mrs. Brahm will live in Rock Falls.

Recently, Sam E. Beininghoff, class of 1916, Mercer Sanitarium Training School, Mercer, Pa., to Thomas McGuckin. Mr. and Mrs. McGuckin will live in Sharon, Pa.

Recently, Ethel Tull, class of 1917, Hahnemann Hospital, Philadelphia, to Ralph Foster. Mr. and Mrs. Foster will live in Minneapolis.

Recently, L. Alberta Horrop, class of 1918, Hahnemann Hospital, Philadelphia, to Earl Lyon, M.D. Dr. and Mrs. Lyon will live in Bridgeton, N. J.

Recently, Nellie Hammer, class of 1918, Hahnemann Hospital, Philadelphia, to Walter Kistler. Dr. and Mrs. Kistler will live in Wilkes-Barre, Pa.

Recently, Pearl Jones, class of 1918, Hahnemann Hospital, Philadelphia, to Wesley Jack, M.D. Dr. and Mrs. Jack will live in Collingswood, N. J.

Recently, Ruth Bell, class of 1918, Hahnemann Hospital, Philadelphia, to Thomas Mills, M.D. Dr. and Mrs. Mills will live in Harrisburg, Pa.

Recently, Libbie Cline, class of 1918, Hahnemann Hospital, Philadelphia, to Percy Foltz. Mr. and Mrs. Foltz will live in Terre Hill, Pa.

Recently, Ethel Crowell, class of 1917, Hahnemann Hospital, Philadelphia, to John C. Bates. Mr. and Mrs. Bates will live in Steubenville, Ohio.

Recently, Charlotte Jacobs, class of 1916, Hahnemann Hospital, Philadelphia, to Mr. Harrington of India.

Recently, June Ashby, class of 1918, Hahnemann Hospital, Philadelphia, to Gordon Rees. Mr. and Mrs. Rees will live in Lancaster, Pa.

Recently, Lor Detra, class of 1918, Hahnemann Hospital, Philadelphia, to Thomas O'Connor, Congress, N. Y.

Recently, Ruth Koffler, class of 1917, Hahnemann Hospital, Philadelphia, to James Wagoniller, M.D. Dr. and Mrs. Wagoniller will live in Harrisburg, Pa.

Recently, Grace Mann, class of 1915, Hahnemann Hospital, Philadelphia, to Leonard Conley. Mr. and Mrs. Conley will live in Oak Lane, Pa.

Recently, Emma G. Hamilton, class of 1914, Hahnemann Hospital, Philadelphia, to Earl Crispin. Mr. and Mrs. Crispin will live in Woodstown, N. J.

Recently, Mary Gerhart, class of 1910, Hahnemann Hospital, Philadelphia, to Frank Dampmann. Mr. and Mrs. Dampmann will live in Phoenixville, Pa.

Recently, Mrs. Clara Davis, class of 1913, Hahnemann Hospital, Philadelphia, to William Espey. Mr. and Mrs. Espey will live in Oneida, N. Y.

Recently, Elizabeth Graham, class of 1915, Hahnemann Hospital, Philadelphia, to Nathaniel Watson. Mr. and Mrs. Watson will live in Philadelphia.

Recently, Dorothy Moir, class of 1911, Hahnemann Hospital, Philadelphia, to Harold Hill. Mr. and Mrs. Hill will live in Buxton, England.

Recently, Pauline Mifka, class of 1918, Hahnemann Hospital, Philadelphia, to Mr. Roberts. Mr. and Mrs. Roberts will live in Prince George, Va.

On October 10, in Pulaski, N. Y., Mrs. Cora R. Sherwood, class of 1911, Rochester Homeopathic Hospital, Rochester, N. Y., to Grover Breckenridge Harmon. Mr. and Mrs. Harmon will live in Pulaski, N. Y.

On October 1, in Trenton, Ontario, Canada, Elsie G. Cuff, class of 1916, Rochester Homeopathic Hospital, Rochester N. Y., to Harry E. Karcher. Mr. and Mrs. Karcher will live in Transcona, Winnipeg, Canada.

On September 18, in Fredonia, Pa., Anna Grace Robbins, class of 1910, Harrisburg Hospital, Harrisburg, Pa., to William Hubbard.

Recently, in Winsted, Conn., Marea L. Ebenbech, class of 1919, St. Francis Hospital, Hartford, to Charles Everett Foster. Mr. and Mrs. Foster will live in Southampton, Long Island, N. Y.

Recently, in Chester, Conn., Catherine A. Connors, class of 1918, St. Francis Hospital, Hartford, to Ernest George Southey. Mr. and Mrs. Southey will live in Collinsville, Conn.

Recently, Miss Neidig, class of 1915, Hope Hospital, Ft. Wayne, Ind., to Mark Milton Gear. Mr. and Mrs. Gear will live in Bourbon, Ind.

Recently, Teresa Slevin, class of 1917, Long Island College Hospital, Brooklyn, N. Y., to Edward R. Dorney, M.D.

On November 23, Caroline Virginia Frazier, class of 1913, Grady Hospital, Atlanta, Ga., to O. C. Bennett, M. D.

On October 27, in Philadelphia, Elsie Mae Hansell, graduate of Methodist Episcopal Hospital, Philadelphia, to Charles L. Pressel. Mr. and Mrs. Pressel will live in Norristown, Pa.

On October 30, in Fort Washington, Edith Lewis, graduate of Methodist Episcopal Hospital, Philadelphia, to George Willard Lightkep. Mr. and Mrs. Lightkep will live in Jarrettown, Pa.

Recently, in New York, Omie M. Harris, class of 1916, Mount Sinai Hospital, New York, to Thomas Williams. Mr. and Mrs. Williams will live in Ottawa, Canada.

On July 4, Mary E. Starrett, class of 1918, Mount Sinai Hospital, New York, to Donald R. Euland. Mr. and Mrs. Euland will live in Bridgeport, Conn.

On October 20, Vivienne Jean Mackenzie, class of 1920 Mount Sinai Hospital, New York, to Harold Webb. Mr. and Mrs. Webb will live in New York.

On October 27, Mary Johnston, class of 1908, Illinois Training School, Chicago, to Winsor Chase. Mr. and Mrs. Chase will live in Evanston, Ill.

Recently, Edith Croon, graduate of State University Hospital, Oklahoma City, to C. C. Roe. Mr. and Mrs. Roe will live in Kapowsin, Wash.

Recently, Josephine Blanche Buisson, graduate of Brooklyn Hospital Training School, Brooklyn, N. Y., to Luder Catellier. Mr. and Mrs. Catellier will live in Ottawa.

On October 5, in Atlantic City, Helen Stevens, class of 1919, St. Luke's Hospital Training School, New York, to Dr. Abbott. Dr. and Mrs. Abbott will live in Atlantic City.

On October 12, in Hamilton, Canada, Sylvia H. Marshall, graduate of St. Luke's Hospital, New York, to J. G. Malcolm.

On October 16, in New York, A. H. Reber, graduate of St. Luke's Hospital, New York, to Arthur LeRoe, M.D. Dr. and Mrs. LeRoe will live in Washington, D. C.

On October 6, in New Rochelle, N. Y., Beatrice Day, graduate of St. Luke's Hospital, New York, to C. A. Simonds.

On September 23, in Richmond, Va., Cecilia Shelton Turner, class of 1915, Protestant Episcopal Hospital, Philadelphia, to Charles Marc Stevenson.

On October 12, in Philadelphia, Margaret Alice Hummel, class of 1915, Protestant Episcopal Hospital, Philadelphia, to Julius Johnson.

On November 1, in Philadelphia, Ethel Price Kandle, class of 1916, Protestant Episcopal Hospital, Philadelphia, to Robert U. Griffith.

On September 29, in Chicago, Frances Elizabeth Mackie, class of 1918, Grant Hospital, Chicago, to Richard F. Schiele, M.D. Dr. and Mrs. Schiele will live in Glen Ellyn, Ill.

On November 6, Mary C. Fobber, class of 1898, Germantown Dispensary and Hospital, Germantown, Pa., to William Parker. Mr. and Mrs. Parker will live in Moorestown, N. J.

Recently, Beulah C. Hoffman, class of 1918, Germantown Dispensary and Hospital, Germantown, Pa., to John Renkoef.

Recently, Emma Jaesenke, class of 1918, Illinois Training School for Nurses, Chicago, to Warren Aszels. Mr. and Mrs. Aszels will live in Wausau, Wis.

On September 8, in Greenfield, Mass., Margaret P. Falvey, class of 1915, Rhode Island Hospital, Providence, R. I., to Patrick Charles Doyle. Mr. and Mrs. Doyle will live in Greenfield, Mass.

On August 18, Hazel Madelaine Noyes, class of 1916, Rhode Island Hospital, Providence, R. I., to H. S. Simons. Mr. and Mrs. Simons will live in Providence, R. I.

On September 22, in Providence, Mary Wright, class of 1912, Rhode Island Hospital, Providence, R. I., to Henry J. Goulet. Mr. and Mrs. Goulet will live in Westerly, R. I.

On September 30, in Providence, Annie R. McCauley, class of 1907, Rhode Island Hospital, Providence, R. I., to Owen M. Sandiford. Mr. and Mrs. Sandiford will live in Cambridge, Mass.

On September 6, in Danvers, Conn., Maude Barrett, class of 1914, Newport Hospital, Newport, R. I., to William Kennedy. Mr. and Mrs. Kennedy will live in Hartford.

On November 3, in Providence, Maude Ellen Gilbert, class of 1917, Rhode Island Hospital, Providence, to Joseph J. Callahan. Mr. and Mrs. Callahan will live in Boston, Mass.

On September 6, in Providence, R. I., Martha M. Ide, class of 1919, Rhode Island Hospital, Providence, R. I., to Vladimir Dimitroff. Mr. and Mrs. Dimitroff will live in Providence.

On September 15, in Providence, R. I., Juliana J. Murphy, class of 1911,

Rhode Island Hospital, Providence, to Richard Keenan. Mr. and Mrs. Keenan will live in Ozone Park, L. I.

On September 25, in Providence, R. I., Margaret E. Ross, class of 1903, Rhode Island Hospital, Providence, to John Callendar. Mr. and Mrs. Callendar will live in New York.

On September 18, Elizabeth Greenwood, class of 1913, Mercy Hospital, Chicago, to Herman C. Pierik. Miss Greenwood has been doing Social Service work at the Mercy Hospital dispensary. Mr. and Mrs. Pierik will live in Chicago.

On September 12, Nelle Davis, class of 1915, Methodist Hospital, Indianapolis, Ind., to Ernest Erdman. Mr. and Mrs. Erdman will live in Detroit.

Recently, in Indianapolis, Ind., Catherine Lory, class of 1917, Battle Creek Hospital Training School, Battle Creek, Mich., to Mr. Meyer. Mr. and Mrs. Meyer will live in Chicago.

Recently, Mary Webster Chambers, class of 1918, Long Island College Hospital, Brooklyn, to Charles Howard Bailey.

On November 2, Pearl Chappell, to Wade Malott. Miss Chappell has been superintendent of The Walker Hospital Clinic for a number of years. Mr. and Mrs. Malott will live in Santa Fe, New Mexico.

On October 30, Anna Hildebrandt, class of 1920, Passaic General Hospital, Passaic, N. J., to Harry Abbau. Mr. and Mrs. Abbau will live in Passaic.

DEATHS

On October 11, in Chicago, Ill., Mrs. Rocco De Rosa, formerly Louise Murry, class of 1915, Columbus Hospital Training School for Nurses.

On September 24, in the Presbyterian Hospital, Pittsburgh, Pa., Elanore Patten, class of 1898, Presbyterian Hospital, Pittsburgh, Pa.

Recently, in Elberton, P. E. I., Rachel Earnshy, class of 1913, Rhode Island Hospital, Providence, R. I.

On August 4, at the Union Hospital, Terre Haute, Ind., Fannie Watson. Miss Watson went overseas in March, 1918, and served with Base No. 204 in England and No. 58 in France. She has been in poor health since her return in May, 1919.

On October 4, in the Sarnia General Hospital, Ontario, Canada, Clara F. Elliott, following a serious operation. Miss Elliott was a graduate of the Sarnia General Hospital. She had been a member of the staff of the Visiting Nurse Association of Detroit for a period of fourteen years. Her service was always characterized by the most conscientious devotion to duty and that quality of thoroughness which makes for perfection. Her death has brought an irreparable loss to the Association.

On November 3, in Philadelphia, Ada B. Shaw, graduate of the Philadelphia General Hospital. Miss Shaw did private duty nursing for a time and was superintendent of Meadville City Hospital, Meadville, Pa., from 1892 until 1901. She was superintendent of the Visiting Nurse Association, Philadelphia, for a short time and superintendent of the district nurses in Buffalo for six years. She was also superintendent of the district nurses of Newark, N. J., for six months and organized district nursing in Princeton, N. J. She was appointed supervising nurse of the Department of Health of Jacksonville, Fla., in April of 1916 and held this position until her health broke down.

On November 7, at her home, Monrovia, Calif., suddenly, Mrs. Catherine Caldwell Pottenger, wife of Dr. J. E. Pottenger. Mrs. Pottenger was a graduate of the Good Samaritan Hospital, Los Angeles, class of 1898. She was known and

loved by the nurses throughout California, having served as president of her Alumnae, of the Los Angeles County Nurses' Association and of the California State Nurses' Association. Though handicapped by poor health for many years, she gave without stint of herself and lived a life of service to others.

TRIBUTES TO THE MEMORY OF SOPHIA F. PALMER

From the Massachusetts General Alumnae Association:

Whereas, the Father in His Divine Providence has seen fit to take from among us an esteemed and honored member, Sophia F. Palmer, in the midst of her activities and distinguished career;

Whereas, because of her high ideals, judgment, foresight, integrity and devotion to the upbuilding of our profession in every direction, she was found among the foremost in establishing and advocating all feasible plans for its betterment, prominent among them being State Registration and **THE AMERICAN JOURNAL OF NURSING**;

Whereas, she found the latter the great channel through which the profession could most effectively function, and she served;

Whereas, she was its Editor-in-Chief from its inception, twenty years ago, and sometimes business manager, devoting time, talent, loyal service and sacrificing substance as well, to the exclusion of all pursuit of self-aggrandizement, domestic or social enjoyment, which were her birthright;

Whereas, her sudden passing has for the time seemed a calamity, not readily adjusted;

Whereas, we know the completion of her life work at its highest and best was what she most ardently desired;

Therefore, be it resolved that we, The Massachusetts General Hospital Alumnae Association, extend to her family and friends our profound sympathy and share with the profession our sincere sorrow at our common loss.

From the First District, New Jersey State Nurses' Association:

Whereas, in His wisdom the Father has taken from the world the beloved editor of **THE AMERICAN JOURNAL OF NURSING**, Sophia F. Palmer, by whose death the profession has lost a courageous, fearless and faithful leader, an inspiring presence and sympathetic friend;

Be it resolved that, we, the First District of the New Jersey State Nurses' Association record our sorrow in our loss and extend to her relatives and co-workers, through Miss DeWitt, assistant editor of the **JOURNAL**, our sincere sympathy.

From the New York State Nurses' Association:

Whereas, in His infinite wisdom God has called to rest from her labors, our beloved comrade, Sophia F. Palmer;

Be it resolved, that we express our appreciation of her great service to the nursing profession and to humanity through her work as educator and hospital administrator and through her leadership in the formation of our organizations—of state registration of nurses;—and through her twenty years' service as organizer and sole editor of **THE AMERICAN JOURNAL OF NURSING**;

Be it further resolved, that we express our deep affection for her and our sense of great personal loss in her passing from our midst. We shall long miss her wise counsels, her keen interest in our work and her warm friendship;

Be it resolved, that a copy of these resolutions be sent to her family and be printed in **THE AMERICAN JOURNAL OF NURSING**.

BOOK REVIEWS

IN CHARGE OF
GRACE H. CAMERON, R.N.

THE FUNDAMENTALS OF HUMAN ANATOMY, INCLUDING ITS BORDERLAND DISTRICTS. From the Viewpoint of a Practitioner. By Marsh Pitzman. C. V. Mosby Company, St. Louis. Price, \$4.00.

A text book clearly written in an unusual manner attempting to present the subject in the most advantageous way for the student. It is decidedly a "teaching" book, linking up the anatomy with the physiology, pathology, embryology and other borderland interrelationships; thus fixing in the pupil's mind the anatomical facts in a practical way.

EXOPHTHALMIC GOITRE AND ITS NON-SURGICAL TREATMENT. By Israel Bram, M.D. C. V. Mosby Company, St. Louis. Price, \$5.50.

An interesting work discussing this unusual treatment of Graves' Disease. The author hopes to convince the medical public that goitre may be successfully treated by non-surgical procedures.

MASSAGE AND EXERCISES COMBINED. A Permanent Physical Culture Course for Men, Women, and Children. By Albrecht Jensen. Published by the Author, 220 West 42nd Street, New York. Price, \$4.00.

The author has combined massage and exercise in such a way that any person may practice the various exercises at home, no equipment being necessary. There are fourteen different exercises explained in detail, with instructive illustrations, supplemented by instruction in deep breathing. The exercises are so graduated that they can be used according to individual strength and are intended for a personally given physical culture course.

PHYSIOLOGY AND BIOCHEMISTRY IN MODERN MEDICINE. By J. J. R. Macleod, M.B. Third Edition. With 243 Illustrations. C. V. Mosby Company, St. Louis. Price, \$10.00.

This third edition of a practical text book shows many changes and brings the text up to date. It is a book written especially for the medical student, but it is an excellent reference book for a teacher of nurses.

BACTERIOLOGY FOR NURSES. By Mary A. Smeeton, B.Sc., R.N. The Macmillan Company, New York. Price, \$2.60.

We have had published, this latter part of 1920, two important books for student nurses,—a bacteriology by Miss Smeeton, a nurse,

teacher and practical bacteriologist, and a chemistry by Miss Macleod (see review following), who has had special preparation for this work because of her experience as a teacher of student nurses. A better text—one meeting the special needs and particular requirements of the nursing profession—can be written, we believe, by one who is trained in that profession. Miss Smeeton's bacteriology does not differ materially from other text books on this subject, yet a special understanding of the need has enabled her to elaborate certain phases and to eliminate others and at all times to relate the subject to other subjects studied.

TEXT BOOK OF CHEMISTRY FOR NURSES AND STUDENTS OF HOME ECONOMICS. By Annie Louise Macleod. McGraw-Hill Book Company, Inc., 239 West 39th Street, New York. Price, \$2.25.

Miss Macleod has written a simplified text having in mind that often the smaller nursing schools may not have a complete laboratory equipment, so it is arranged that the theory may be studied with but few simple experiments and demonstrations. There is added, however, a practical manual for more extended laboratory use.

SHORT TALKS ON PERSONAL AND COMMUNITY HEALTH. By Louis Lehrfeld, A.M., M.D. With introduction by William Krusen, M.D., L.L.D. F. A. Davis Company, Philadelphia. Price, \$2.00.

A collection of information on hygiene, sanitation, prophylaxis, infant welfare, disease and its care, food, etc., given in the form of two-minute talks which can be used in public schools, industrial plants, health centers, or wherever there is need of health education. The subjects are arranged in a concise manner, in popular form, and are free from technical terms.

HYGIENE, DENTAL AND GENERAL. By Clair Elsmere Turner. With Chapters on Dental Hygiene and Oral Prophylaxis. By William Rice. C. V. Mosby Company, St. Louis. Price, \$4.00.

"There has hitherto been no treatment of the subject of hygiene specially prepared to meet the needs of the dental profession. In writing this book for the dental student and practitioner, special attention has been given to those phases of the subject which relate to dental practice." While the key-note of the book is hygiene of the mouth, the intimately related subjects of general hygiene and sanitation, may well be taught in the same lessons.

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